PHYSICIAN DISTRIBUTION IN A LARGE HEALTH CARE SYSTEM

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BY

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PREFACE

With the Cold War over, the Department of Defense and, more specifically, the Department of the Army are now going through major changes. The American taxpayer believes he is due a large peace dividend. This implies that the military structure can be significantly downsized to perform a much more limited mission. Care must be taken with the downsizing, however, to keep a ready and reliable defense force. Less obviously, care must be taken to not cut things from the military that will be needed in the future. One of these many things to carefully evaluate before wholesale reductions in force is the military medical system.

Of the 2.7 million eligible military medical beneficiaries now cared for by the Army, some 2.4 million will remain at the same time the active-duty (Army) force is reduced from a high of 780,000 to 535,000. The reason the beneficiary population will be only slightly reduced is that the military takes care of a large population of active-duty family members, retiree and retiree family members. These populations will not be reduced significantly during the reduction in force. In fact, many soldiers will leave the Army by retiring, which means they and their families will retain their military medical benefits.

This paper explains how physicians were distributed in the past, the various missions the Army Medical Department (AMEDD) performs, and a methodology for "rightsizing" the future AMEDD. Any changes in physician distribution must be orchestrated in concert with a thorough functional analysis of what the nation wants from its military medical system. Several recommendations will be made about the best way to proceed with "rightsizing" the AMEDD.

SUMMARY

Physician Distribution in a Large Health Care System

by

Lieutenant Colonel Andrew B. Cornell, Sr. USA

This paper presents both a historical perspective of physician distribution in the U.S. Army Health Services Command and a glimpse at how the Army might "rightsize" its future physician distribution in what is generally perceived will be a smaller active-duty Army Medical Department (AMEDD).

The intended audience is Army health care administrators, as well as any interested health care managers in the Department of Defense and the American College of Healthcare Executives. Ultimately, it is also my hope to see this project published as a RAND document, since I am presently performing a one-year fellowship there and would like to add it to RAND's library about military medical services.

This paper argues that the Army is increasingly operating in a more cost effective and business-like manner. Further, the paper argues that AMEDD leadership can assume control of active-duty and civilian providers in each of its communities to better provide ready access to high-quality, cost-effective health care. The paper is designed to inform. It will briefly describe how physicians were distributed in the past. The legitimate and primary missions of the AMEDD will be presented, along with some tools to help health care managers design the most effective AMEDD for the future. The conclusions and recommendations are designed to spur action on necessary initiatives to optimally manage physician distribution for the future.

ACKNOWLEDGMENTS

I have been blessed and empowered to do this research by more people than I could possibly name. It is important to list some of the very important people who have helped me in this and in many other endeavors.

First, I would like to thank my wife, Janet Carol, and my two children, Andrew Jr. and Rebecca, for putting up with my long hours and frequent absence from the home to prepare this manuscript. I would also like to recognize their ongoing love and support for me.

Of the many AMEDD executives and staff who have mentored and coached me to a better understanding about physician distribution, there are some who truly stand out. In the beginning, Colonel Ron Brenz at Health Services Command, along with Colonel Melvin Butler and Major General John Major, challenged me to capture data, analyze it, and try to understand our physician distribution system. Later, at the Office of the Surgeon General (OTSG), Major General Michael Scotti, Jr.; Major General Ron Blanck; Colonel Bill Bell; Mrs. Charlotte Carter; Colonel Earl Fauver (Graduate Medical Education); LTC Earl Newsome; Mrs. Dee Pfeiffer; Major Tom Williams; Major Tim Williamson; and many many others helped to improve my understanding and suffered through countless questions and requests for support. Friends at Personnel Proponency, Health Services Command, the U.S. Army Personnel Command, and throughout the staff at OTSG helped me in more ways than I could list here.

Finally, the RAND staff was supportive of my research and reviewed my manuscript. My mentor, Sue Hosek, as well as Beth Lachman, Bruce Bennett, other people on the medical structure research project, and Paul Steinberg of the Communications Analysis office, provided critical review and many suggestions on how to improve this work.

This project has been fun. I have been nurtured and richly blessed by family and friends while undertaking it. I hope it provides insight to its readers as to the real issues in providing physician staffing for any large health maintenance organization (HMO). It might even bring into focus some issues that must be undertaken in modifying the American health care delivery system as the new Clinton Administration undertakes health care reform.

CONTENTS

ILLUSTRATIONS

LIST OF ACCRONYMS AND GLOSSARY

ACGME - Accreditation Committee on Graduate Medical Education (of AMA)

AMA - American Medical Association

AMEDD - Army Medical Department

AOC - Area of Concentration or Occupational Specialty

AWU - Ambulatory Work Unit is a methodology of affording relative resource intensity weights to different types of outpatient visits (e.g. more weight for a cardiology visit that a dermatology visit). In all there are 56 discreet AWU categories. The methodology was developed by Health Care Studies/Clinical Investigation Activity of the US Army Health Services Command.

BES - Army "sanctioned" or Budgeted End Strength of active duty military personnel

CHAMPUS - Civilian Health and Medical Program of the Uniformed Services

CAM - CHAMPUS Area Management

CAT Scanner - Computer Assisted Tomography

CRI - CHAMPUS Reform Initiative

CRNA - Certified Registered Nurse Anesthetist

DAC - Department of Army Civilian

DEERS - Defense Eligibility Enrollment System

DOD - Department of Defense

DRG - Diagnosis Related Group (of different clinical diagnoses that are of similar resource intensity) requiring inpatient (hospital) care.

EAMC - Eisenhower Army Medical Center in Augusta, Georgia

FAMC - Fitzsimmons Army Medical Center in Denver, Colorado

Flavors - As used in this paper, refers to different sources of health care providers (active duty military, DAC, CHAMPUS, NP's, PAs, etc)

FORSCOM - US Army Forces Command, Fort McPherson Georgia

FTE - Full Time Equivalent or Man-Year

FY - Fiscal Year

GME - Graduate Medical Education

GMENAC - Graduate Medical Education National Advisory Council

Green Book - Refers to the Accreditation manual of the Accreditation Committee on Graduate Medical Education published annually by the AMA

HMO - Health Maintenance Organization

HPSP - Health Professional Scholarship Program, a government sponsored scholarship program which incurs an obligation to serve a specified number of years on active duty.

HSC - US Army Health Services Command, Fort Sam Houston, Texas

IWU - Inpatient Work Unit which is a DOD normalized DRG

JCAHO - Joint Commission on Accreditation of Healthcare Organizations

JTF - Joint Task Force (Combined Army, Navy, and/or Air Force)

MACOM - Major (Army) Command (e.g. FORSCOM, TRADOC, SOCOM, HSC, etc)

MASH - Mobile Army Surgical Hospital (a type of field hospital)

MAL - Mission Assignment List

MCO - Medical Corps Optimization (Study) by the Army Surgeon General

MEDDAC - (Military) Medical Department Activity
Clinic = no inpatient capability
Small MEDDAC = less than 50 beds
Medium MEDDAC = 50 to 150 beds
Large MEDDAC = Greater than 150 beds, but not a MEDCEN

MEDCEN - Medical Center, generally with tertiary care and GME; usually 450 or more beds

MRI - Magnetic Resonance Imaging

MTF - Medical Treatment Facility

MWU - Medical Work Unit comprised of Ambulatory Work Units (AWUs) and Inpatient Work Units (IWUs)

NAS - (CHAMPUS) Non-Availability Statement

NP - (Independently credentialled) Nurse Practitioner

OB/GYN - Obstetrics and Gynecology

OTSG - Office of the (Army) Surgeon General

PA - Physician Assistant

Partners - Special kind of CHAMPUS provider called Partnership Agreement which permits a civilian physician to provide health care on a discounted fee for service basis relative to the normal CHAMPUS prevailing fee within a given military MTF using office, staff and other MTF resources

PGY 1 - First Post Graduate Year of medical education, normally referred to as an internship

PGY 2+ - Second Post Graduate Year of medical education referring to specialty training (Residency) or sub-specialty training (Fellowship).

PPO - Preferred Provider Organization(s)

PRIMUS - (Contracted) Primary Medical Clinic for the Uniformed Services

PROFIS - Professional Officer Filler System

R&D - Research and Development

Rightsizing - Term used in this paper intended to connote that a smaller (or any) medical force must be sized with regard to physician specialty mix and functional or mission requirements

RRC - Residency Review Committee (of ACGME to AMA)

TAA - Total Army Analysis

TRADOC - US Army Training and Doctrine Command, Fort Monroe, Virginia

USUHS - Uniformed Services University of Health Sciences; The DOD operated medical school

VA/DOD - Veterans Administration/Department of Defense combination, as in VA/DOD Resource Sharing Agreement

I. INTRODUCTION

BACKGROUND

The Army Medical Department (AMEDD) has two primary missions and one important implied mission supporting these primary missions. First, the AMEDD must "conserve the fighting strength" by providing appropriate medical support to any and all Army operations.[1] Second, but very much related to its first mission, the AMEDD is expected to provide "peacetime care" to active-duty personnel and, on a space-available basis, to families of active-duty, to retirees and their eligible family members, and to other designated eligible beneficiaries.[2] Care to other than active-duty beneficiaries that the AMEDD cannot provide is provided as an entitlement of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) until age 65, when Medicare entitlements begin.[3] The implied mission supporting these two primary missions is to conduct graduate medical education (GME) within the military to maintain the desired number and mix of active-duty physicians.

As the AMEDD goes about accomplishing its missions, it has tended to distribute active-duty physicians more to maintain the status quo than to objectively distribute scarce physician resources. A decision to assign four internists to a given community hospital occurs because that particular community hospital had four internists last year. The Army manpower staffing standards "system" fosters this attitude. Staffing standards are based on historical workload.[4] Thus, the "fatal flaw" in the "system" is that using historical workload tends to be a self-fulfilling prophecy. The true needs of the community are never

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1 Army Regulation 40-1, Composition, Mission, and Functions of the Army Medical Department. Chapter 1-5, Section B, 1 July 1983.

2 United States Code, Title 10, Chapter 55, Section 1076.

3 United States Code, Title 10, Chapter 55, Section 1079.

4 Army Regulation 570-5, Manpower Staffing Standards System, 30 June 1989.

addressed. For example, because the clinic staff tells 50 appointment requestors per day no appointments are available, potential workload (which would drive a higher staffing requirement) is never recorded. However, new AMEDD leadership has set about changing this paradigm.

AMEDD leadership has embarked on a program of better managing all the health care resources in a given community. This program, called by such names as managed care, coordinated care, and gateway to care, involves combining active-duty physicians with Department of Army Civilian (DAC) physicians, CHAMPUS partnership physicians, contracted physicians, nurse practitioners, physician assistants, VA/DoD resource sharing agreements, contracted clinics, preferred provider organizations (PPOs), and other innovative initiatives to provide a full spectrum of high-quality care, at the lowest possible price, to all eligible military medical beneficiaries.

This new managed care initiative will require medical treatment facility (MTF) commanders to change their orientation about health care. Historically, MTF commanders have focused on activity within the walls of their facilities. Medical activities in the surrounding community have been beyond their control and have commanded little of their attention. As the Army is reduced, by as much as 33 percent over the next few years, the AMEDD structure will also be reduced.[5] Because of the number of retirees now and in the future and because people are living longer, the estimated decrease of military medical beneficiaries is projected to be only 10.8 percent.[6] Thus, MTF commanders will have to employ civilian health care delivery assets from their surrounding communities. At present, even the most casual of observers would agree that the military health care system already resembles an oversubscribed health maintenance organization (HMO).

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5 Office of the Defense Medical Information System (DMIS) of the Office of the Assistant Secretary of Defense for Health Affairs.

6 Ibid.

A number of strategies could be embraced to help resolve the problem. Disincentives, like user fees, to minimize utilization could help. Reducing the benefits to certain categories of beneficiaries, like retirees, could help. Reducing quality or level of services could promote access and/or minimize costs but would have as a trade-off the loss of many secondary and/or tertiary care procedures. However, all these strategies would be politically unacceptable.

This brings us to the focal point of this paper. Managing physician distribution in a business-like environment will require some method to objectively define total physician requirements. As a subordinate function, it will also be necessary to identify that portion of total physician requirements that must be met by active-duty physicians to support the needs of the Army. Finally, AMEDD leadership must then commit to a disciplined process that will efficiently and cost-effectively ensure access to high-quality care to all the Army's 2.7 million eligible beneficiaries using a combination of active-duty and civilian health care providers. In fact, the tenets of this paper can be readily expanded to include all of DoD's Medical Systems (Army, Air Force, and Navy).

OBJECTIVES

This paper reviews the evolution of physician distribution within the United States Army Health Services Command over the past half decade, demonstrating that it has evolved toward a more business-like environment that focuses on objective criteria. More specifically, this paper will:

- Provide data on productivity relative to costs;
- Provide a capitation model to project needs of a given population for particular physician specialties;
- Demonstrate numerous, complex inter-relationships in quantity and specialty mix issues;
- Provide a requirements-driven, zero-based model to portray total physician requirements to perform the AMEDD's various and

complex missions;

- Identify the subset of physician requirements that must be met by active-duty physicians;
- Provide recommendations for AMEDD leadership.

This paper will clearly demonstrate it is both unreasonable and unfair to attempt to perform missions that Congress, DoD, or the Army are not able to resource. When it comes to health care, we owe our soldiers and other eligible beneficiaries cost-effective, quality service--nothing more and nothing less.

APPROACH

Initially, a review of empirical data portrays physician assignment information including active-duty, DAC, Partners, contracted providers, and physician-extender strengths. Analysis of physician distribution grouped first by MTF and then by medical specialty defines present staffing patterns.

This paper will then briefly review how the AMEDD uses these physician resources to accomplish its two primary missions, readiness and health care delivery, and its implicit mission, GME. The review of GME will attempt to detail its complexity as the process that both acts as a drain on meeting the AMEDD's primary missions and serves to constantly rejuvenate the system by providing new physicians required to support the two primary missions. GME programs will be briefly reviewed, including size of programs, faculty requirements, and necessary faculty and other staff relationships to maintain accreditation.

The paper will discuss how the AMEDD employs its physician resources. The paper will provide population supported data, by community. CHAMPUS non-availability statements (NAS) will be briefly reviewed as a proxy for workload the AMEDD must send out of the military direct care system. Nursing support and physician assistant data will

be introduced as an indicator of non-physician issues that must be considered in modeling physician distribution. Additionally, some key inter-relationships (e.g., psychiatry/social work/psychology, orthopedics/physical therapy, optometry/ophthalmology, and so forth) will be described. HSC's mission assignment list (MAL) procedure will portray how resources are married with assigned missions for each MTF. Finally, data about AMEDD support of recent Army operations, such as the nation-building task force in Honduras (Joint Task Force (JTF) Bravo), will be presented. Using present physician distribution data, this paper will relate that distribution to workload/productivity. In general, the relationship of physician distribution to supported GME programs, populations served, care (necessarily) sent out of the direct care system, assigned medical missions, productivity, and support of military operations will be demonstrated.

Having discussed how the AMEDD has been doing business in the past, this paper will propose a model to facilitate transition through a process entitled "rightsizing" to the future. "Rightsizing" will be illustrated as a capitation model identifying total requirements. Coupled with the capitation modeling process, a "Zero-Based" model will be proposed as the solution to the question: "How do we identify the active-duty component of our total physician requirement?"

ORGANIZATION OF THIS DOCUMENT

This paper consists of a "Present Physician Distribution" section that will sketch the data sets mentioned in the approach section above. The paper will rely heavily on Appendices. A data set will be introduced and explained as to how it should be used and why it is important. The large sets of data, however, will be provided at the back of the report. Generally, the important inter-relationships between types of providers, as well as, different functions will be modeled.

The third section on "What The AMEDD Does" will revisit the inter-relationships of the readiness, health care delivery, and GME missions. Simply stated these missions intersect in an ever changing Venn Diagram (Figure 1). During Desert Shield/Storm, the area of intersection was increased to afford maximum support of readiness requirements. Conversely, at times of no military conflict, readiness tends to become more separate from GME and health care delivery missions.

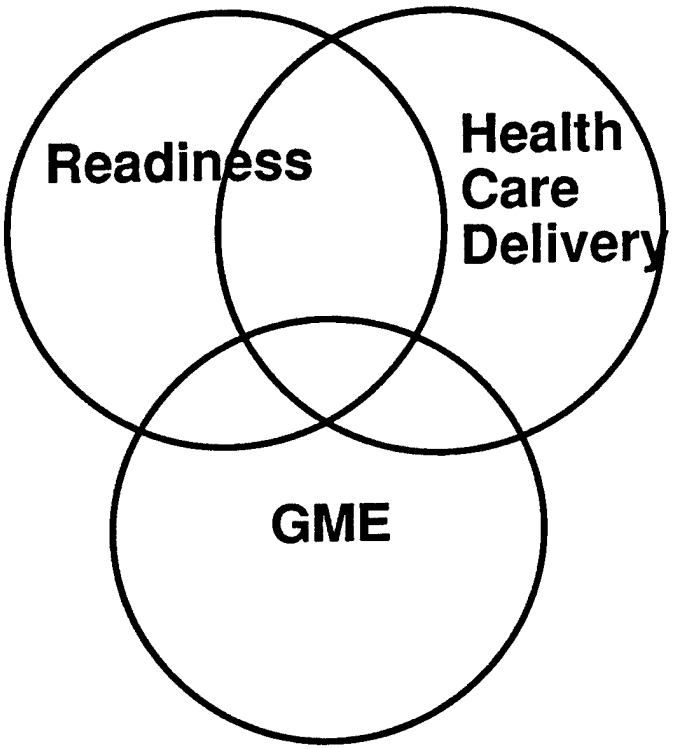

Fig. 1.1—AMEDD Missions

Section four, "Rightsizing," will introduce two models: a capitation model called Medical Corps Optimization, and a requirements-driven model, The Zero-Based Model, to depict minimum active-duty requirements given presently assigned missions.

The concluding section will argue for the direction AMEDD leadership must pursue to transition to the future smaller medical department.

II. PRESENT PHYSICIAN DISTRIBUTION

America's pluralistic health care "system" is evolving through a Darwinian or "Survival of the Fittest" modality. Instead of being the conclusion of a carefully construed master plan, our "system" tends to be a conglomeration of individuals and organizational entities whose fortunes rise and fall in the ebb and flow of the health care market place. What exists is not necessarily the best possible "system." It is simply what has developed through the consensus of many diverse interests pursuing numerous, sometimes frictional, objectives. While the paper ultimately proposes a need to develop and work to implement a coherent "master plan", this section describes the current physician distribution situation in the Army Health Care System as a subset of the larger American health care system.

COMPONENTS OF THE HEALTH CARE DELIVERY PROCESS

There are many components to the process of health care delivery. This paper will focus on independently credentialed practitioners, generally physicians. Determining what practitioners are actually in the military health care delivery system is a challenge in its own right. Medical Treatment Facility (MTF) commanders almost always feel understaffed. To emphasize this point, they will generally make urgent requests for active-duty providers while deemphasizing or ignoring the presence of other types of providers they have employed within their facility. I will call these many types of providers "flavors". These different flavors are listed in Figure 2.1.

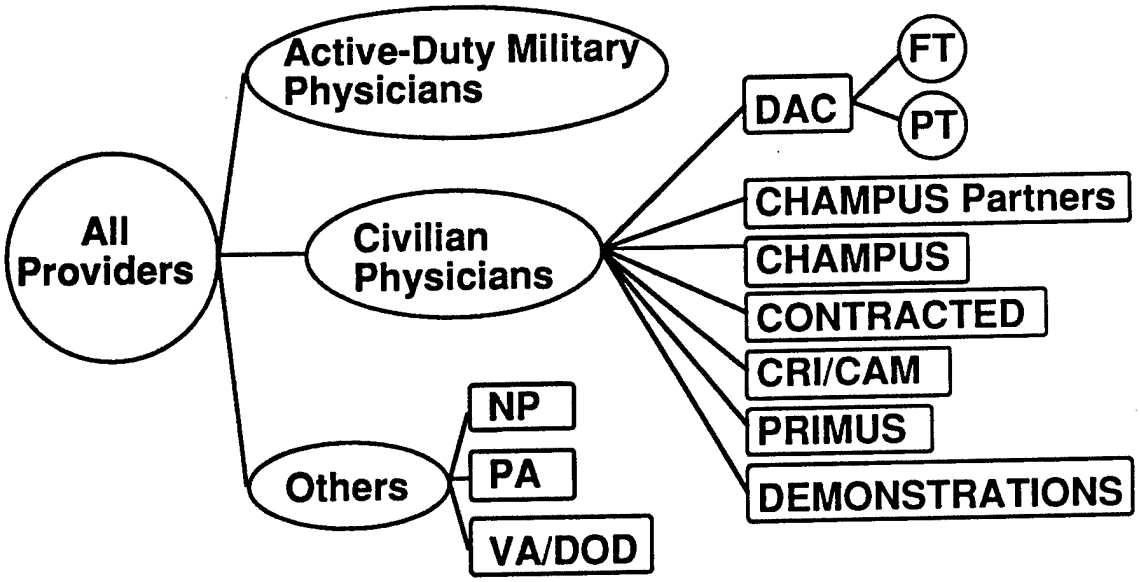

Fig. 2.1—Flavors of Providers

- Active-duty military physicians are, by definition, both full-time employees and part of the uniformed services.
- Civilian physicians include DAC physicians (Department of Army Civilians or Civil Servants), who can be full-time or part-time employees and are employees of the federal government.
- Other kinds of civilian physicians are also available to the military. "Partners" are civilian physicians who are paid from CHAMPUS funds on a fee-for-service basis, usually at a discount from the prevailing charge within their particular community, who work in an MTF but are not Civil Servants. CHAMPUS providers are physicians who work exclusively in the civilian community and are paid by the military through an arangement resembling health insurance. Yet another "flavor" of civilian provider is the contracted provider. An MTF commander can contract with a civilian physician to provide .5 man-years of service, for example, in his MTF. The difference between DAC physicians partners and contract physicians is virtually transparent to eligible health care beneficiaries because they receive this care for free.

- Other innovations expand the possible flavors of providers even further. Under appropriate physician supervision, nurse practitioners (NPs) and physician assistants (PAs) can be independently credentialed to care for patients. Over the past few years, even more innovations have been embraced to expand these "flavors" of providers even more. Traditional CHAMPUS benefits are available for family members of active-duty personnel and retirees and retiree family members less than 65 years of age. There are sharing agreements between federal entities, like VA/DOD sharing agreements, and there have been demonstration projects, like CRI (the CHAMPUS Reform Initiative) and CAM (CHAMPUS Area Management). Civilian clinics have been contracted to care for military medical beneficiaries (PRIMUS clinics and the Fort Drum Project in which hospital services were also contracted). CHAMPUS and many recent innovations require a user fee and/or co-payment and/or deductible payment by the beneficiary.

TABULATING DIFFERENT PROVIDERS

To tabulate the different flavors of providers I listed them all by the their particular specialty as if they were all active-duty physicians of the same military Area of Concentration (AOC). This AOC list is provided in Table 2.1 Due to its size, the data base of all these flavors of providers, grouped by MTF and throughout HSC (as of January 1990), was not printed with this manuscript. This sixty one page listing can be available under separate cover from the author of this paper. The data table includes the AOC code on the left most margin permitting the reader to scan across the matrix from left to right identifying the different flavors of providers. Column headings were abbreviated as shown in Table 2.2. From year to year, changes in physician distribution occur only at the margins. Hence, the tables, once constucted represent "What Is" in terms of provider resources within HSC.

Table 2.1

MILITARY MEDICAL SPECIALTIES

AOC	Specialty
60A	Executive Medicine Officer
60B	Nuclear Medicine
60C	Preventive Medicine
60D	Occupational Health
60F	Pulmonary Disease Officer
60G	Gastroenterologist
60H	Cardiologist
60J	Ob/Gyn
60K	Urologist
60L	Dermatologist
60M	Allergist
60N	Anesthesiologist
60P	Pediatrician
60Q	Pediatric Cardiologist
60R	Child Neurologist
60S	Ophthalmologist
60T	Otorhinolaryngologist (ENT)
60U	Child Psychiatrist
60V	Neurologist
60W	Psychiatrist
61A	Nephrologist
61B	Medical Oncologist
61C	Endocrinologist
61D	Rheumatologist
61E	Clinical Pharmacologist
61F	Internal Medicine
61G	Infectious Disease Officer
61H	Family Physician
61J	General Surgeon
61K	Thoracic Surgeon
61L	Plastic Surgeon
61M	Orthopedic Surgeon
61N	Flight Surgeon
61P	Physical Medicine
61Q	Therapeutic Radiologist
61R	Diagnostic Radiologist
61U	Pathologist
61W	Peripheral Vascular Surgeon
61Z	Neurosurgeon
62A	Emergency Medicine
62B	Field Surgeon (GP)
600A	Phys Asst
00B	General Officer

Table 2.2

KEY TO COLUMNAR HEADINGS

Heading	Definition	Remark
SSI	Specialty Skill Identifier	Same as AOC
OCTASG	Active Duty Assigned 1 Oct 89	Army Doctors
CIV FT	DAC Civilian Physicians	Per Personnel System
CIV PT	DAC Civilian Physicians	Part Time
CIV CL	DAC Civilian Physicians	MTF Acknowledged DAC
PARTNER	CHAMPUS Partnership Agreements	Fee For Service in MTF
CONTR CL	Contracted Civilian Physicians	According to MTF
CONTR APR	Contracted Civilian Physicians	According to HSC
NP	Nurse Practitioners	Credentialled Provider
OTHER	Non-Physician/Non-Nurse Providers	Optom, Podiatry, PT...
VA/DOD	VA/DOD Sharing Agreements	Where Reported
TOTAL	Total of all preceding columns	Note low # for non-AD
REQUESTED	# AD physicians requested by MTF	Trend towards growth
PLAN	HSC Distribution Plan	Pre-Distribution Plan
SGDIST	Post-Distribution Conference Plan	January Plan-Summer 90

Every year, prior to the physician distribution cycle, a narrative summary is solicited from each MTF commander as to his specific needs and most acute shortages with regard to physician distribution. Additionally, MTF commanders report significant particular synergistic relationships (e.g., podiatry with orthopedic surgery or optometrists with ophthalmologists, and so forth). Examples of narrative summaries and comments about synergistic relationships may also be requested from the author of this manuscript.

When a commander cannot accommodate particular inpatient needs within his MTF, he "sends it out" under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) by issuing a Non-Availability Statement (NAS) if the patient is CHAMPUS-eligible. If the patient is active-duty and therefore not CHAMPUS eligible, the commander can "send it out" and pay for it under "Supplemental Care" (federal) funds. When a particular health care need cannot be accommodated in the MTF, it is for one of three reasons[7] as indicated in Table 2.3.

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7 Department of Defense Instruction (DODI) 6010.8-R, July 1991, Chapter 4, Section A-9.

Table 2.3

NAS CODES

Category	Definition
A	Provider Specialty Not Available
B	Facility/Equipment Not Available
C	Clinically Inappropriate

HSC maintains NAS Data, by MTF, for use in management/decision information systems. Note that CHAMPUS use does bear some disincentive as the patient incurs a deductible and/or copayment obligation. Therefore, NAS volume might tend to be less than actual health care need assuming the care could be provided within the MTF. Additionally, health care demand in a military MTF might be greater than health care need because free MTF care tends to be over utilized. That is, MTF demand might be greater than community need.

Catchment area populations for each of the HSC MTF catchment areas is also maintained, in a real time modality, within the management/decision information systems at HSC. Eligible military medical beneficiaries who live outside the defined 40 mile catchment areas are presumed to use CHAMPUS or Supplemental Care. These patients are catalogued by the DMIS data system as non-catchment area beneficiaries[8] .

Current GME data and an analysis of GME program requirements is in Appendix A. Specifically, I have listed what training programs are at which medical centers and indicated the present student to faculty ratios. GME will be more fully discussed in Section Three, "What The AMEDD Does."

Empirical data on Nursing Authorized/Assigned is provided in Appendix B. It is important to add this factor into an analysis of physician distribution strength due to synergistic factors. For

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8 DMIS, Office of The Assistant Secretary of Defense for Health Affairs.

example, if Psychiatrists at Fitzsimmons Army Medical Center are at 128% of authorized levels while psychiatric nurses are at 48% of authorized levels, there is a crisis in the making. The physicians will be frustrated with the level of nursing support while the nurses will justifiably feel overtaxed. This concept goes beyond just nursing support but will not be developed further in this paper.

Summary Physician Assistant data is presented in Appendix C.

Health Services Command uses a Mission Assignment List (MAL) to designate what clinical missions will be assigned at each MTF. If a mission is assigned, it is also then afforded personnel, fiscal, and other resources. Examples of missions that might be assigned include adolescent pediatrics or dermatology. These missions are designated with four assignment codes, as depicted in Table 2.4.

Table 2.4

MISSION ASSIGNMENT CODES

Mission Categories
X - Mission not Authorized
A - Mission Authorized, military (active-duty) or DAC Physician
C - Mission Authorized but to be provided by Contract
M - Mission Authorized but modified (partnership or other innovation)

Appendix D is an alphabetical listing of the MAL Codes. The actual MAL can be made available upon request. Note it is in five sections: Clinics without inpatient beds, MTFs with less than 50 beds, MTFs between 50 and 150 beds, MTFs greater than 150 beds but not Medical Centers, and Medical (Teaching) Centers. The complete MAL is over sixty pages long.

Permanent change of station (PCS) Data on physicians who have not moved in four years or who have not been overseas for 10 years is continuously available from the Total Army Personnel Command. PCS data is now regularly used in decisions on who should move. The implication

is that physicians who meet these criteria can be moved, in accordance with Army policy. The frustration with this Army policy is almost always GME. Moving faculty can weaken the accreditation of respective training programs, or a physician forced to move or separate from the military will frequently select the later rather than the former option.

The OTSG Quality Assurance Office maintains a list of unlicensed providers. These must be specially managed. Credentialing and supervision issues are raised by unlicensed providers. An accredited education program can be placed in jeopardy if a faculty member is assigned who is unlicensed, regardless of how good a past clinical performance record (i.e., absence of misadventures). A hospital without education programs, however, presents another type of problem. It is important to assign unlicensed providers to facilities large enough to be more than one deep in the specialty to afford ample supervision.

Appendix E is Medical Work Unit Data (MWU) data comparing facility workloads per provider and provider workload by specialty and by facility. MWUs are comprised of IWUs (Inpatient Work Units resembling DRGs) and AWUs (Ambulatory Work Units). MWUs are designed to measure both productivity and resource intensity. A cardiology work-up, for example, is more resource intensive than a dermatology clinic visit; a cardiac by-pass operation is more resource intensive than a vasectomy. Using Appendix E affords comparison between facilities and specialties. In 1990, for example providers at Fort Belvoir were less productive across all specialties than providers at Fort Campbell. Orthopedic surgeons at Eisenhower Army Medical Center (EAMC) were more productive than those at Fitzsimmons Army Medical Center (FAMC).

Appendix F shows "tasker" data to correctly credit MTFs for absent providers who are performing Army missions elsewhere. It would be unfair to consider FAMC less productive, for example, in orthopedic surgery if 20 percent of its staff were on temporary duty in Honduras while 100 percent of EAMC staff were present and working each day.

The reason for presenting this data is, quite simply, to portray a general overview of what providers are assigned throughout the Health Services Command and to illustrate the heterogeneity of the many functions they are obliged to perform. There are many communities, all special and unique. There are many demands made on these providers and any true analysis must review each community on a case-by-case basis. "Present Physician Distribution" has evolved over time. It may not be optimal, but it is discreet and can be defined. Understanding present physician distribution requires an ability to define and relate the separate pieces of information herein introduced and provided in detail in the appendices.

Table 2.5

APPENDICES

Appendix	Title of Data Provided
A	GME Data and Analysis
B	Nurses
C	Physician Assistants
D	Alphabetical MAL Listing
E	MWU Comparison Data
F	"Tasker" Data

III. WHAT THE AMEDD DOES

As mentioned earlier, the AMEDD has two primary missions and one implicit one: Readiness, Health Care Delivery, and Graduate Medical Education. There are inter-relationships in these functions, but for the sake of analysis, they are discussed separately.

READINESS

Readiness is a military term for saying the AMEDD must be continuously ready for the next war or any other contingency the Army asks it to support. This can be as full scale as mobilization in support of Desert Shield/Storm or as limited as supporting victims of Hurricane Andrew. The vehicle established to provide this support is the Professional Officer Filler System (PROFIS). PROFIS is a roster system that allows physicians (and non-physicians) to be used in two different capacities at the same time. A surgeon at the hospital at Fort Bragg, for example, can be fully employed at the hospital performing surgical cases and conducting clinic on a daily basis but on a PROFIS roster to be deployed with the 5th MASH on 72 hours notice anywhere in the world. In all, the PROFIS system assigns 1,620 physicians to medical teams and units that are designed to deploy and support the needs of the Army.

PROFIS staff must be fully trained in weapons qualification; Nuclear, Chemical, and Biological operations; use of field medical equipment; and all sorts of other field medical operations. This "Army" requirement is in addition to being fully qualified in their respective Medical Specialties. An army physician must be as competent clinically as any other physician practicing medicine in the United States while also being fully qualified as a soldier. This dual status makes medical personnel rather unique in the military. An infantryman's job is to train and be ready to prosecute the next war. However, a medic (doctor) must train to be ready to support the infantryman and simultaneously must work each day in a clinic environment treating the infantryman, his family, retirees, and retiree family members. The good news is that being clinically proficient makes a physician continuously ready to support the soldier (clinically) on the battlefield. The bad news is

that adding military training requirements to an already full load of clinical competence and training requirements is a heavy load.

Besides being part of a contingency force on respective PROFIS rosters, AMEDD staff must also perform other subordinate functions such as leadership positions on major command (MACOM) staffs that include general officer billets, disaster relief, and nation-building roles, like working to provide medical support to Eastern European or South American Nations. The previously introduced Venn Diagram portrays the Readiness related functions (See Figure 3.1).

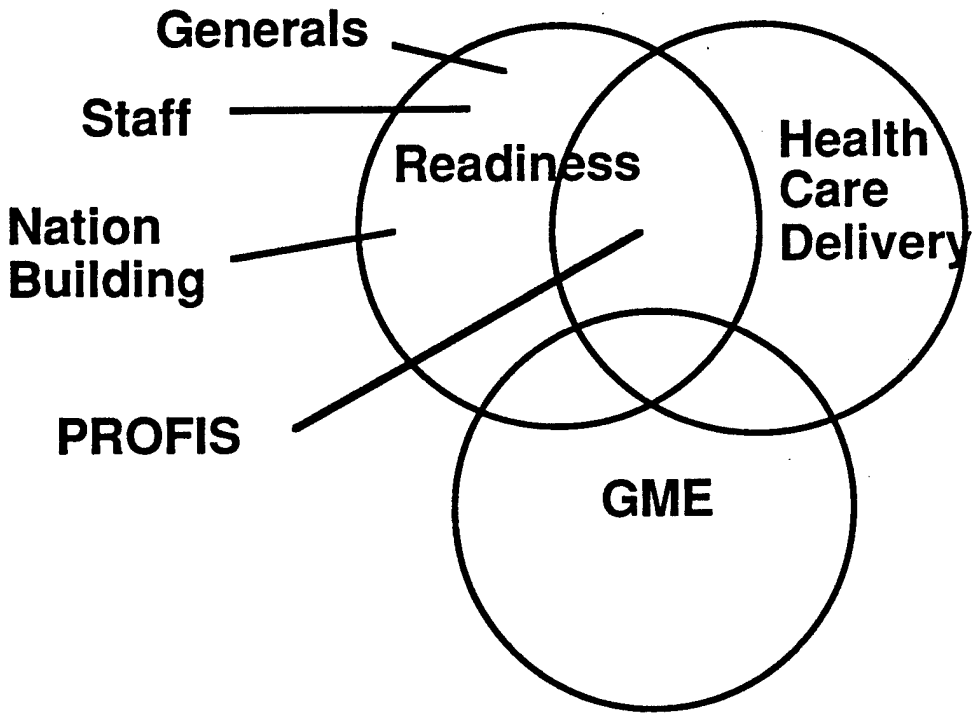

Fig. 3.1—AMEDD Readiness Missions

HEALTH CARE DELIVERY

In the Army or any other health care delivery system, three issues perennially exist: access, quality, and cost. Unlike the civilian system, however, there is a definable, finite, population. Active-duty, family members of active-duty, retirees, eligible retiree family members, and other designated beneficiaries are readily identifiable in

a Department of Defense information system called DEERS (Defense Eligibility Enrollment System).

The fact that the eligible population can be articulated implies that appropriate access for them can be "programmed" by actuarial models as a function of how many patients a single provider in a given specialty can support. For example, if a professional standard (established by a medical/civilian professional organization) specified that 2,800 persons enrolled in a family practice physician's panel comprised a full panel, then a population of 28,000 persons would need ten family practice physicians. This concept, capitation modeling, can be performed for all specialties and has been by a variety of organizations. In 1980 the Graduate Medical Education Advisory Council (GMENAC) stated that there should be about 197 physicians per 100,000 population.[8] Furthermore, GMENAC even provided guidelines on how many physicians in what specialties would be appropriate.

This GMENAC proposal was intended to provide a "Medical Master Plan" as to how the future medical community in America should be structured. Obviously, we always need more family practice physicians than cardiothroacic surgeons. Family practice physicians are, by definition, primary care physicians while cardiothoracic surgeons are sub-specialists or tertiary care physicians. Primary care physicians receive and treat all sorts of general disease, injury, and illness and refer to cardiothoracic surgeons those cases that need their particular skills. This referral system resembles a feeding chain. More primary care providers are needed at the base of the chain than are subspecialists further up the chain. I will return to this capitation modeling concept in Section 4, "Rightsizing".

One important linch pin should be identified here. If that surgeon mentioned above in the section on readiness was gainfully employed before being dispatched to meet an Army contingency, he must either be replaced with a reserve surgeon, a contracted surgeon, or some other backfill mechanism to prevent the health care delivery mission at Fort Bragg from suffering.

Quality in health care delivery is a much sought after objective, but it is difficult to define. Physicians point to quality as a necessary added cost in any episode of care. If clinic A can treat a patient for $35 per visit and clinic B treats a similar patient for $42 per visit, quality differences are almost always alleged to be the cause of the difference. The Joint Committee on Accreditation of Healthcare Organizations (JCAHO) publishes standards on quality and then surveys hospitals to determine if a common and basic standard of quality is being met. Furthermore, Health Care Organizations have internal Quality Assurance Committees and a number of other vehicles exist to monitor quality. Quality can be reviewed on the basis of outcome or process. (Did the patient recover versus was the proper care rendered?) Some would argue that quality also includes availability of "state of the art" equipment (e.g., lithotripters, MRIs, CAT scanners, and others). This equipment also tends to radically inflate the cost of health care.

There is an implied issue in quality that is frequently overlooked. This related issue is "appropriateness". For example, if a urologist inserts a Foley Catheter and bills the patient (or his insurance company) $210 when a nurse can perform the same procedure (several times per hour) for an hourly salary of $20 and both have the same clinical outcome, which is more appropriate? These quality issues are all weighed on a daily basis at all medical facilities. Like the old soldier said, "Some things you never get done, like polishing your shoes or your belt buckle. You just keep working on them."

Cost is related to access (for all) and providing quality care. If you must reduce cost, you can limit access (to fewer people) or limit quality (expensive equipment and more marginally efficacious procedures). For this paper, comments about physician distribution are limited to be that if we wish to provide full access to high-quality health care for military medical beneficiaries, we must be willing to provide the right number and mix of health care providers.

Health Care Delivery functions can now be placed upon the AMEDD Missions (Venn) Diagram (Shown in Figure 3.2). At installations overseas, where we place physicians as part of the American military's forward presence but not as part of a wartime contingency, their primary function is health care delivery. This forward presence has been labeled "Forward Deployed." Additionally, those physicians who are significantly less expensive to recruit, train, and retain as active-duty physicians for the delivery of peacetime health care (but not required for wartime contingencies) are labeled "Cost Effective." One other category of health care delivery physician added to the diagram is Continuity. Continuity physician requirements include the most basic cadre of physicians at each MTF and Medical Teaching Center that are required in times of war or in times of peace. The include people like Commanders, Directors of the Medical Staff, and (GME) Teaching Chiefs. Note that some of the functions here and in Figure 3.1 are in the area of intersection on the Venn Diagram.

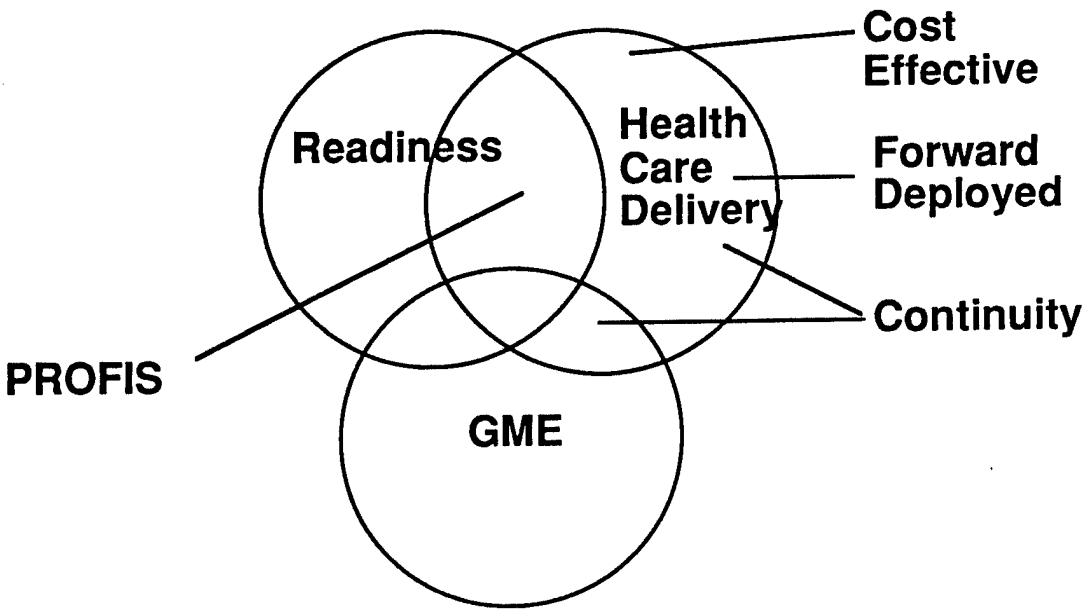

Fig. 3.2—AMEDD Health Care Delivery Missions

Health Services Command uses the Mission Assignment List, MAL (shown in Appendix D) to reconcile resource allocation to services required of particular MTF's as they provide health care within their

catchment areas. If Dermatology is not defensible at a small clinic because of relatively low density workload, for example, it is simply not authorized in that particular clinic. The capitation model will address the issue of expected clinical specialty workload relative to a particular population size, but first we need to take a quick look at Graduate Medical Education.

GRADUATE MEDICAL EDUCATION

The American Medical Association controls accreditation standards on GME programs in both the military and civilian environments through the Accreditation Committee on GME (ACGME). The ACGME publishes the "Green Book" annually.[9] This book includes evolving changes in accreditation standards on all recognized medical disciplines and lists currently accredited programs throughout the nation, including Army GME Programs. Since a program must be recognized as accredited for a particular physician in a given specialty to apply for board certification, it follows that Army GME must meet accreditation standards.

Consider this example. The Green Book requires a training program in Ophthalmology to have six faculty in order to be accredited. Furthermore, there must be a program director and five different types of ophthalmology subspecialists: Glaucoma, Cornea, Retina, Oculoplastic, and Neuro-opthalmology. The Green Book also specifies that a physician in training to faculty ratio of 3:1 is permitted. Given six faculty, this means you can have up to eighteen residents. You may not have less than six residents in a program or you do not reach "critical mass." Reading very carefully and discussing the matter with the Consultant to the Surgeon General, it is also possible to ascertain that thirty-two specialties other than ophthalmology must be on the staff at the teaching center to provide "support" to the ophthalmology training program. Ophthalmology residents must have access to a pulmonary disease specialist, a gastroenterologist, and

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9 The American Medical Association, Directory of Graduate Medical Education Programs 1992 - 1993, Chicago, Il.

others as portrayed at Appendix A. In fact, all of the synergistic relationships are shown along with minimum accreditation requirements at Appendix A.

The reason GME is so important to the medical structure is that it is the rejuvenation step of the life cycle process. If, for example, there are 75 ophthalmologists in the Army and 10-12 per year leave the military because they have paid back the contract obligation (to serve a certain number of years in exchange for having been trained in the Army system) or because they have finished their careers and are retiring, it is necessary to graduate 10-12 residents per year from training.

It should not be surprizing that the Army is currently graduating 11 ophthalmology residents per year. Thus, although GME is not a primary mission or an objective in and of itself, it is a means to our primary objectives of Readiness and Health Care Delivery. It must deliver enough graduating interns, residents, and fellows per year to replace the number and mix of physician specialties who leave the military each year.

At the uppermost tier of GME, we should add Research and Development (R&D). These physicians are working to expand medical knowledge. R&D physicians work on the medical effect of weapons systems and medical research, such as a vaccine for HIV or other contagious diseases. While not working directly in the delivery of health care, like the interns, residents, and fellows, R&D physicians are also an implicit part of the AMEDD's. Accordingly, R&D is placed in the GME sphere of the Venn Diagram shown in Figure 3.3..

In conclusion, then, Army GME should be no more and no less than adequate to maintain the desired physician strength, by specialty, required to support the two primary missions. In the final Venn Diagram (Figure 3.3), all the AMEDD missions have been indicated. Section 4 will now present a modeling system to help define readiness and health care delivery requirements - "rightsizing."

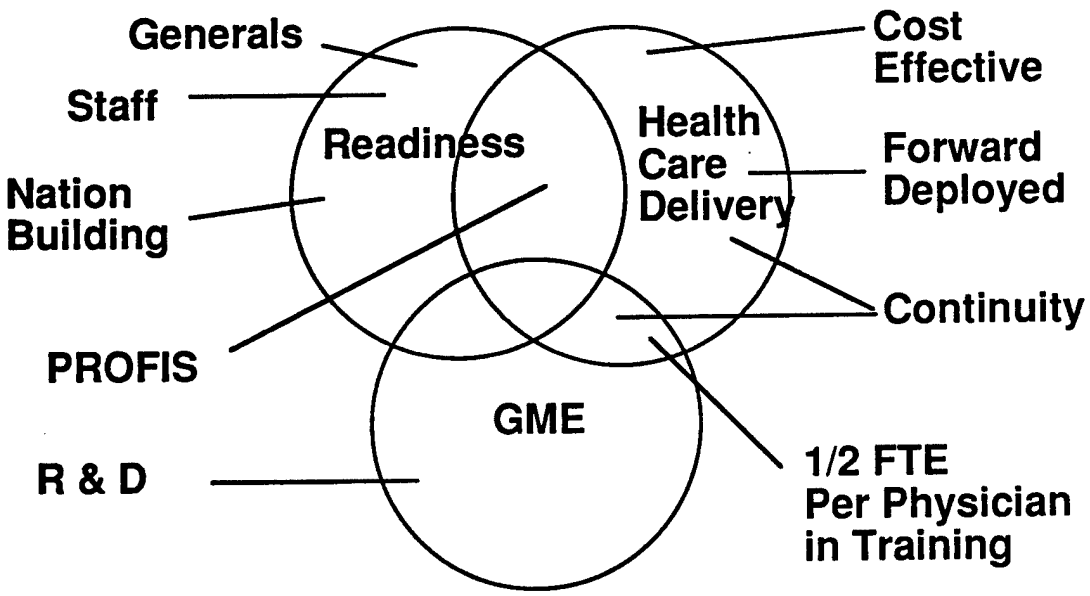

Fig. 3.3—AMEDD Missions Including GME

IV. "RIGHTSIZING"

We have discussed what physician distribution presently exists in the Army health care delivery system. We have also generally discussed what functions those physicians are involved in performing for the Army. In this section, we start building a model to support "master plans" for the future Army medical structure and for what this future medical structure should attempt to do. My thesis is that we must build an appropriate form versus function relationship so that validated AMEDD functions are resourced adequately and so that invalid functions are absent from the "master plan." For this "Rightsizing" analysis, I will keep the Readiness, Health Care Delivery and GME mission areas.

HEALTH CARE DELIVERY (PEACETIME)

As discussed in Section 3, the AMEDD's clientele -- active-duty personnel, active-duty family members, retirees, retiree family members, and other eligible military medical beneficiaries -- is most concerned with their access to high-quality, relatively low cost health care. In 1980, GMENAC discussed the physician component of this health care delivery function. Furthermore, a review of financially successful civilian HMOs also facilitates a "population served to physician (by specialty) ratio." In a much more crude way, even Army (manpower) staffing standards function on a population served to physician ratio, except that manpower staffing standards do not acknowledge unmet demand. Staffing standards only use historical workload to determine number of required physicians, by specialty. In an effort to combine GMENAC, HMO, and manpower staffing standards, the Office of the Chief of the Army Medical Corps performed a study called "The Medical Corps Optimization Study (MCO)" to determine a capitation ratio by physician specialty. That is, we can define, with some certainty, the number and mix of physicians needed to support a given population. These ratios are provided in Table 4.1.

Originally, these ratios were developed in collaboration with each of the Army Surgeon General's Consultants. Upon reviewing GMENAC data, HMO data, Military Manpower Staffing Standards, Professional Standards (e.g., The Association of Obstetrical and Gynecological Surgeons or The American College of Family Physicians), and based on their own experience, each of the consultants worked through a prescribed format to articulate population-to-physician ratios by specialty. Recommended ratios were then communicated throughout HSC in November 1990 for review and comment. The specific process consisted of three steps at each MTF:

- Provide a review or "snapshot" of all currently employed physician assets (all flavors) within their communities.
- Present the proposed ratios with the implied staffing derived from the ratios, given the size of population their MTF supported also being portrayed.
- Solicit agreement or disagreement with the staffing prescribed by the ratios, with appropriate comments.

The consultants made two important observations while validating the survey. First, there was a strong risk of the Hawthorne Effect. Because each MTF would tend to be better staffed using the population-to-physician ratios, commanders tended to readily embrace the capitation methodology. Second, teaching medical centers (MEDCENS), tended not to be staffed on any pretense of a population-supported rationale. Instead, MEDCENS tended to be staffed as required by the respective RRCs (Residency Review Committees) of the ACGME (Accreditation Committee on Graduate Medical Education) of the American Medical Association (AMA) for the training programs they conducted.

Not withstanding these two important observations, the linear correlation between the proposed staffing ratios and what the MTF commanders (and their staffs) articulated as their true requirements resulted in an "R Squared" statistic of .94. Most unexplained deviation

Table 4.1

POPULATION TO PHYSICIAN RATIOS

AOC	Specialty	Population to Physician Ratio
60A	Executive Medicine Officer	16,600
60B	Nuclear Medicine	118,800
60C	Preventive Medicine	33,900
60D	Occupational Health	96,700
60F	Pulmonary Disease Officer	45,100
60G	Gastroenterologist	39,700
60H	Cardiologist	27,100
60J	Ob/Gyn	2,300
60K	Urologist	24,200
60L	Dermatologist	54,200
60M	Allergist	71,300
60N	Anesthesiologist	12,200
60P	Pediatrician	3,000
60Q	Pediatric Cardiologist	151,600
60R	Child Neurologist	80,000
60S	Ophthalmologist	16,800
60T	Otorhinolaryngologist (ENT)	31,700
60U	Child Psychiatrist	24,200
60V	Neurologist	20,400
60W	Psychiatrist	8,400
61A	Nephrologist	103,600
61B	Medical Oncologist	53,100
61C	Endocrinologist	130,500
61D	Rheumatologist	129,000
61E	Clinical Pharmacologist	From within 61F
61F	Internal Medicine	6,200
61G	Infectious Disease Officer	138,600
61H	Family Physician	2,800
61J	General Surgeon	14,800
61K	Thoracic Surgeon	86,700
61L	Plastic Surgeon	40,900
61M	Orthopedic Surgeon	14,600
61N	Flight Surgeon	22,600
61P	Physical Medicine	104,800
61Q	Therapeutic Radiologist	From within 61R
61R	Diagnostic Radiologist	14,300
61U	Pathologist	19,000
61W	Peripheral Vascular Surgeon	207,500
61Z	Neurosurgeon	42,900
62A	Emergency Medicine	8,900
62B	Field Surgeon (GP)	10,800
600A	Phys Asst	Substitute for 61H/62B
00B	General Officer	Promoted from MD/DO

Notes: 60J is population specific ratio for 2,300 age 18 and older women supported.
60P is population specific ratio for 3,000 less than age 18 population supported.
61E from within the pool of 61Fs; 61Q from within the pool of 61Rs.
PA constrained by one physician supervisor per 2 PAs, and substitute 2 per 61H or 62B.

Table 4.2

TOTAL HEALTH CARE DELIVERY PHYSICIAN REQUIREMENTS

AOC	Population to Physician Ratio	Total Physician Requirement
60A	16,600	163
60B	118,800	23
60C	33,900	80
60D	96,700	28
60F	45,100	60
60G	39,700	68
60H	27,100	100
60J	2,300	345
60K	24,200	112
60L	54,200	50
60M	71,300	38
60N	12,200	222
60P	3,000	289
60Q	151,600	18
60R	80,000	34
60S	16,800	161
60T	31,700	85
60U	24,200	112
60V	20,400	133
60W	8,400	322
61A	103,600	26
61B	53,100	51
61C	130,500	21
61D	129,000	21
61E	From within 61F	5
61F	6,200	437
61G	138,600	20
61H	2,800	967
61J	14,800	183
61K	86,700	31
61L	40,900	66
61M	14,600	185
61N	22,600	120
61P	104,800	26
61Q	From within 61R	17
61R	14,300	189
61U	19,000	143
61W	207,500	13
61Z	42,900	63
62A	8,900	304
62B	10,800	251
600A	Substitute for 61H/62B	N/A
00B	Promoted from all AOCs	N/A
TOTAL		5582

was due almost entirely to population demographics (e.g., an older or younger population than "normal"). Given the broad academic research and thorough community review of these ratios, The Surgeon General now has a vehicle to objectively defend to The Army Staff, The Department of Defense, and Congress the number of physicians required to deliver health care to the eligible beneficiary population. Table 4.2 portrays, by clinical specialty, the number of physicians required to support 2.7 million medical beneficiaries. Note that the number of physicians required to support the defined population does not need to be comprised of only active-duty physicians.

Keeping in mind that Health Care Delivery is not the only function of the AMEDD, this paper will later address subordinate health care delivery functions and the other two major mission areas, Readiness and GME, using yet another model, The Requirements Driven, Zero-Based Model. The entire reason the MCO model was introduced first was to establish a baseline of required physician staffing for performance of the perennially most visible mission, Health Care Delivery.

READINESS

Since a large number, about 700,000, of the 2.7 million beneficiaries are active-duty military, it is not necessary to have a separate team of physicians for Army contingencies in addition to the Health Care Delivery function. Rather, the portion of physicians who will deploy to support Army contingencies must be active-duty physicians but can be a subset (the intersection, if you will, of the Venn Diagram presented in Section 3) of the Health Care Delivery mission. Physicians required to staff field hospitals and medical teams can work in the peacetime mission until and unless they are needed for the Readiness function. Based on a process called Total Army Analysis (TAA) projecting for Fiscal Year (FY) 1996 and beyond, "field unit" requirements can be and have been identified. Table 4.3 articulates this Readiness requirement data and compares it to (peacetime) Health Care Delivery requirement data. Clearly, all specialties required for the Wartime

Table 4.3

TAA REQUIREMENTS COMPARED TO TOTAL REQUIREMENTS

AOC	Population Supported	Total Requirement	TAA Requirement
60A	16,600	163	55
60B	118,800	23	3
60C	33,900	80	38
60D	96,700	28	0
60F	45,100	60	0
60G	39,700	68	0
60H	27,100	100	0
60J	2,300	345	24
60K	24,200	112	14
60L	54,200	50	6
60M	71,300	38	0
60N	12,200	222	59
60P	3,000	289	0
60Q	151,600	18	0
60R	80,000	34	0
60S	16,800	161	12
60T	31,700	85	18
60U	24,200	112	0
60V	20,400	133	7
60W	8,400	322	89
61A	103,600	26	2
61B	53,100	51	0
61C	130,500	21	0
61D	129,000	21	0
61E	From within 61F	5	0
61F	6,200	437	99
61G	138,600	20	9
61H	2,800	967	179
61J	14,800	183	176
61K	86,700	31	14
61L	40,900	66	4
61M	14,600	185	104
61N	22,600	120	109
61P	104,800	26	0
61Q	From within 61R	17	0
61R	14,300	189	38
61U	19,000	143	6
61W	207,500	13	0
61Z	42,900	63	6
62A	8,900	304	94
62B	10,800	251	455
600A	Substitute for 61H/62B	N/A	
00B	Promoted from all AOCs	N/A	
TOTAL		5582	1620

function can be provided from the peacetime requirements except for 62B, Field Surgeon. Since Field Surgeon is the military equivalent of a General Practitioner, it follows that more highly trained specialties can be substituted to cover wartime requirements. By staffing for peace, we can readily modify for war.

For rightsizing, therefore, the two most principal missions can be accommodated by staffing for peacetime requirements using the MCO methodology. In fact, we could ***choose*** to have relatively few active duty physicians. However, before concluding that the TAA 1999 requirements are all of the active-duty requirements "The Requirements Driven, Zero-Based Model" will be introduced. This model was developed by the AMEDD Personnel Proponency Division at Fort Sam Houston, Texas, under the leadership of BG(P) Ron Blanck, Chief of the Army Medical Corps. It includes **8 pillars**, of which **TAA requirements** is only the first. Let us review the others: **Forward Deployed, Special Staff, R&D, Continuity, Nation Building, GME**, and **Cost Effective**. Table 4.4 tabulates the requirements by AOC specialty.

Forward Deployed requirements are also a subset of the Peacetime Health Care Delivery system. In short, these are special "peacetime" requirements in overseas or forward presence locations. These are physician requirements in Europe and Korea involved predominantly in peacetime health care delivery at overseas locations caring for active-duty personnel and their family members. These particular positions are required during times of peace and in times of war. Physicians in these positions could not be made available for deployment to a combat zone without jeopardizing their primary function as a forward-deployed medical presence.

Special Staff describes the staff functions that are not involved in health care delivery. This function has been assigned to the Readiness Mission area because it deals with (Army) management, not Health Care Delivery. These functions are spread across many Army Commands. There are physicians in executive and leadership roles at all major Army commands (e.g., FORSCOM, HSC, OTSG, Southern Command, Special

Table 4.4

ZERO-BASED REQUIREMENTS

AOC	MCO	TAA	Fwd D	Staff	R&D	Cont.	NB	Sub-Tot
60A	163	55	18	27	6	75	0	181
60B	23	3	2	1	0	3	0	9
60C	80	38	7	16	7	17	0	85
60D	28	0	1	8	2	1	0	12
60F	60	0	3	0	0	4	0	7
60G	68	0	1	0	1	5	0	7
60H	100	0	3	1	1	3	0	8
60J	345	24	27	1	0	9	1	62
60K	112	14	2	1	0	4	0	21
60L	50	6	3	0	2	3	0	14
60M	38	0	3	0	0	2	0	5
60N	222	59	3	0	1	6	1	70
60P	289	0	43	4	2	16	2	67
60Q	18	0	1	0	0	0	0	1
60R	34	0	0	0	0	1	0	1
60S	161	12	1	0	0	4	0	17
60T	85	18	3	0	0	5	0	26
60U	112	0	6	0	0	3	0	9
60V	133	7	5	1	2	4	0	19
60W	322	89	18	5	4	9	0	125
61A	26	2	1	0	2	2	0	7
61B	51	0	1	0	0	4	0	5
61C	21	0	1	0	2	4	0	7
61D	21	0	0	0	0	3	0	3
61E	5	0	0	2	4	0	0	6
61F	437	99	8	10	42	25	2	186
61G	20	9	0	1	11	4	0	25
61H	967	179	75	10	1	12	7	284
61J	183	176	7	12	15	11	5	226
61K	31	14	0	0	0	2	0	16
61L	66	4	1	0	0	3	1	9
61M	185	104	4	0	0	8	3	119
61N	120	109	3	15	8	1	0	136
61P	26	0	0	0	0	1	0	1
61Q	17	0	0	0	0	1	0	1
61R	189	38	7	1	0	10	0	56
61U	143	6	15	16	4	9	0	50
61W	13	0	0	0	0	1	0	1
61Z	63	6	3	0	0	2	0	11
62A	304	94	2	1	0	11	0	108
62B	251	455	11	1	3	9	2	481
600A	N/A							
00B	N/A							
TOTAL	5582	1620	289	134	120	297	24	2484

Operations Command, Recruiting Command, TRADOC, and others. This is one area for which present manpower staffing methodologies are appropriate to identify personnel requirements.

Research and Development **(R&D)** -- the fourth pillar of a Requirements Driven, Zero-Based AMEDD -- requirements are also appropriately prescribed by the Army Manpower Staffing System, except that they are somewhat dynamic depending on research projects being performed. For example, the Army currently has nearly twice as many Infectious Disease Physicians as would be recommended by the MCO model. A careful review of where they are employed would reveal, however, that there is not an excess number of Infectious Disease physicians in the Army. Rather, half of them are gainfully employed in Medical Research. Specifically, they are investigating possible vaccines against the HIV or AIDS virus. In the Venn Diagram, R&D has been placed in the GME mission area.

Continuity requirements are a subset of the Health Care Delivery mission. There is one important fact about this kind of requirement that requires its inclusion in a Zero-Based methodology. These positions are required in war and in peace but must be considered "sacred" against deployment (direct support of a war effort). These positions are the MTF commanders and chiefs of the medical staffs. These positions also include the Teaching Chiefs who cannot be deployed without jeopardizing the accreditation of the various training programs.

Nation Building is the sixth pillar of the Zero-Based Model. Simply stated, if the Army wishes to support victims of Hurricane Andrew, to maintain a medical task force in Honduras in support of that nation's development, or to perform any other non-war and (non-traditional) non-health care delivery mission, it must be resourced accordingly. Otherwise, the health care delivery mission would be impaired every time the AMEDD undertook a disaster relief or nation-building mission.

The last two pillars of the Zero-Based model are **GME** and **Cost Effectiveness**. They are more difficult to define and more subjective to evaluate. GME must be calculated last, since it is a dependent variable in the equation of required physician staffing. GME must be of an appropriate size to fill and maintain the desired inventory of active-duty physicians as defined by the other seven pillars. This means that once a "final" desired inventory of fully trained active-duty physicians has been determined, GME levels must be determined as a function of retention or loss rate by specialty. The GME discussion in the final part of this section of the paper will further develop the concept of GME being a dependent variable of the desired inventory of fully trained physicians.

Obviously, **cost effective** arguments can be made whenever an active-duty physician man-year can be calculated to be less expensive than some other flavor of provider. Figure 4.5 lists 1991 AMA-reported, national-average net income data for each of the physician specialties compared to estimates of the annual active-duty cost per physician specialty. Although cost-effectiveness goes beyond the scope of this paper except, many aspects of this concept must be thoroughly evaluated before trying to articulate the cost-effective component of the active-duty physician inventory. Some of the particular issues that need to be resolved include the following:

- Establishing a methodology for "trading" physicians for less expensive physician extenders so long as supervisory and other constraints can be met. These extenders include but are not limited to nurse practitioners, physician assistants, certified registered nurse anesthetists (CRNAs), podiatrists, physical therapists, psychologists, social workers, and optometrists.
- Reconciling the (Army Established) active-duty physician budgeted end strength (BES) of 4863 with the total physician requirement of 7475 (including an estimated 1600 physicians in GME).

Table 4.5

CIVILIAN TO MILITARY PAY COMPARISON

AOC	Specialty	AMA	Military
60A	Executive Medicine Officer	See Below	See Below
60B	Nuclear Medicine	$210,500	$137,500
60C	Preventive Medicine	$95,900	$99,500
60D	Occupational Health	$95,900	$99,500
60F	Pulmonary Disease Officer	$164,200	$125,500
60G	Gastroenterologist	$164,200	$125,500
60H	Cardiologist	$233,500	$137,500
60J	Ob/Gyn	$194,300	$131,500
60K	Urologist	$216,500	$137,500
60L	Dermatologist	$164,200	$131,500
60M	Allergist	$164,200	$125,500
60N	Anesthesiologist	$185,800	$127,500
60P	Pediatrician	$104,700	$100,500
60Q	Pediatric Cardiologist	$233,500	$137,500
60R	Child Neurologist	$111,700	$107,500
60S	Ophthalmologist	$224,400	$137,500
60T	Otorhinolaryngologist (ENT)	$206,300	$133,500
60U	Child Psychiatrist	$111,700	$111,500
60V	Neurologist	$111,700	$107,500
60W	Psychiatrist	$111,700	$111,500
61A	Nephrologist	$164,200	$125,500
61B	Medical Oncologist	$164,200	$125,500
61C	Endocrinologist	$164,200	$125,500
61D	Rheumatologist	$164,200	$125,500
61E	Clinical Pharmacologist	$164,200	$125,500
61F	Internal Medicine	$125,300	$112,500
61G	Infectious Disease Officer	$164,200	$125,500
61H	Family Physician	$95,900	$99,500
61J	General Surgeon	$187,900	$127,500
61K	Thoracic Surgeon	$250,200	$137,500
61L	Plastic Surgeon	$250,200	$137,500
61M	Orthopedic Surgeon	$259,900	$137,500
61N	Flight Surgeon	$95,900	$99,500
61P	Physical Medicine	$95,900	$99,500
61Q	Therapeutic Radiologist	$210,500	$137,500
61R	Diagnostic Radiologist	$210,500	$137,500
61U	Pathologist	$154,500	$120,500
61W	Peripheral Vascular Surgeon	$250,200	$137,500
61Z	Neurosurgeon	$250,200	$137,500
62A	Emergency Medicine	$135,200	$121,500
62B	Field Surgeon (GP)	$95,900	$99,500

Notes: AMA Net Income data is from Physician Market Place Statistics, 1991, published by the AMA. One flaw is that the AMA tends to group physician specialties (e.g., Internal Medicine Subspecialties or Surgical Subspecialties), therefore, their data is not as defined as it could be.

Military Pay Data is an average Major through Colonel with associated allowances and bonuses.

- Defining the "Do-able". For example, while 345 OB/GYN physicians are needed to support 2.7 million beneficiaries, the present system has only provided an inventory of 192. This inventory is at dynamic equilibrium; about as many OB/GYNs leave the Army each year as graduate from training programs. It is not "Do-able" to raise the inventory to 345, given present retention and training capabilities.

For the sake of concluding this "rightsizing" discussion, the following straw man proposal is offered. The first six pillars of the Requirements Driven, Zero-Based model can be combined into a single model, as was depicted in Table 4.4. As a "What If" drill, it is suggested that GME be afforded up to 1600 positions. This permits the assertion that 759 cost-effective billets can be afforded to the AMEDD in order to remain within the presently allowed BES of 4863. Review again the Venn Diagram from Section 3, now with numbers added.

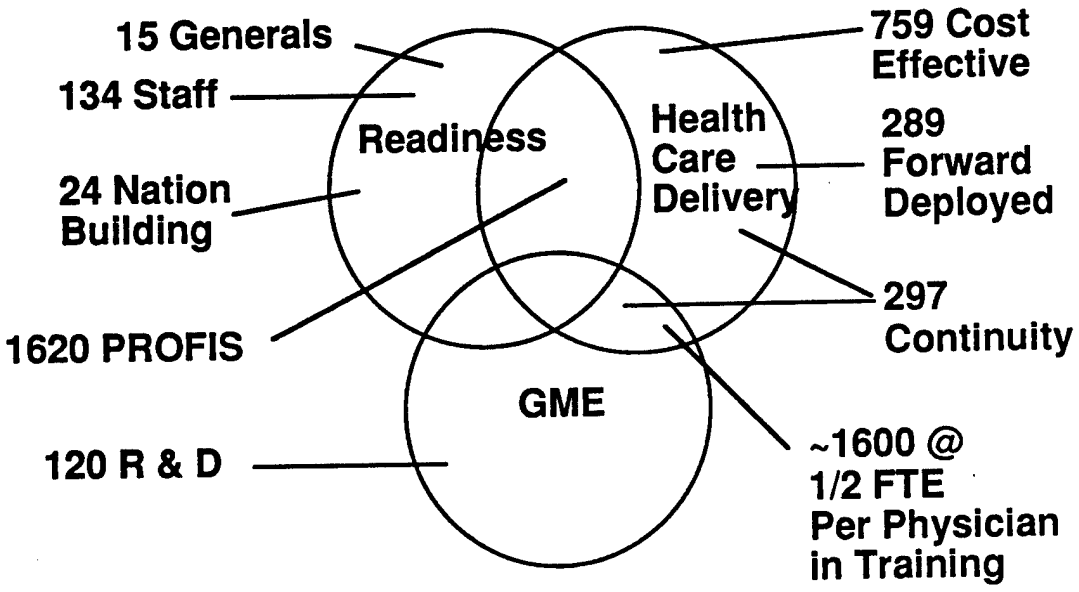

Fig. 4.1—AMEDD Missions with 4863 BES

The MCO prescribed requirement for physicians to deliver (peacetime) health care was 5582. However, this Health Care Delivery number from the Venn Diagram includes the (1620) PROFIS function, (289) Forward Deployed, (297) Continuity, (759) from the (straw man) cost-

effective function, and the (800 FTE) productivity of (1600) GME. For the purposes of the MCO model, physicians in GME are considered to be .5 equivalents of a fully trained physicians; therefore, 1600 physicians in training equal 800 full time equivalents (FTEs). Thus, the Health Care Delivery mission depicted in the Rightsizing model is 3765. The Health Care Delivery mission, therefore, has a shortfall of 1817 (5582-3765). Consequently, these physician man-years will have to be provided by CHAMPUS or one of the other flavors of providers described in Section 2 of this paper, unless the Army can increase the BES adequately to allow full military staffing, and the AMEDD can recruit/train and retain the desired physician inventory by specialty.

Readiness "pure" (178) and GME (R&D=120 + half the value of 1600 physicians in training) requirements were presented as presently prescribed by military manpower staffing standards. Total Readiness and GME (1098) added to Health Care Delivery (3765) yields a total of 4863, the present budgeted end strength. Thus, the "Rightsizing" model or methodology affords objective definition to the AMEDD's requirement to reduce in size from 5537 to 4863, except that GME has not yet been discussed.

GRADUATE MEDICAL EDUCATION

Physicians required to deliver health care can be recruited. In fact, about 100 fully trained physicians join the Army voluntarily each year. However, given that about 535 to 540 physicians leave the Army each year, it is necessary to "produce" physicians through Army sponsored GME. Consider the flow diagram shown in Figure 4.2.

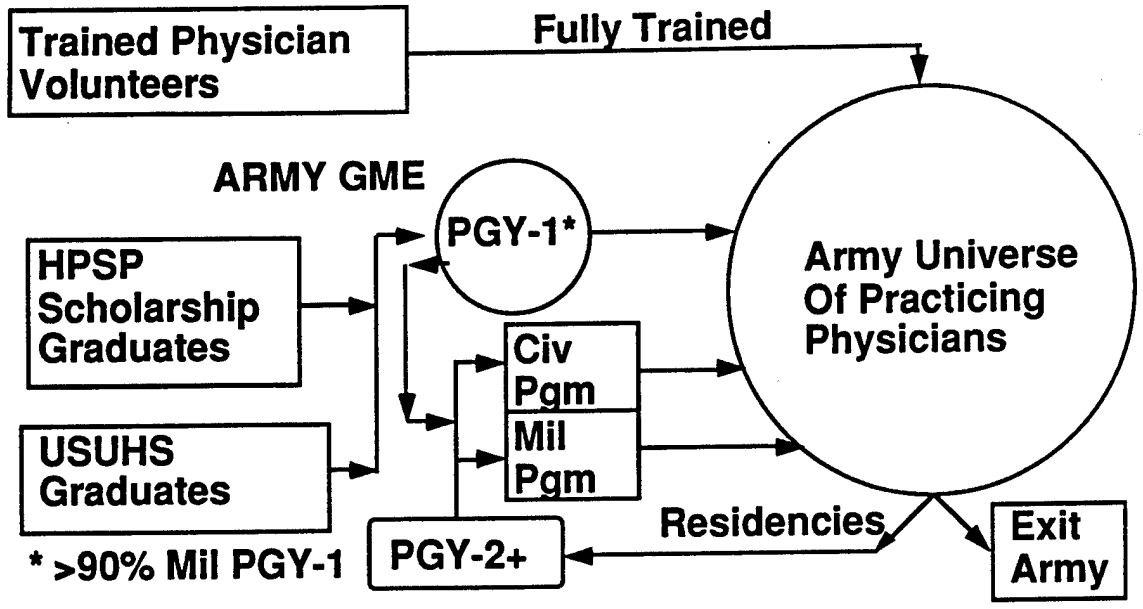

Fig. 4.2—Army Physicians Come From GME

Once AMEDD Leadership specifies the quantity and mix of physicians desired in the Army, GME acts as the source of that desired inventory by training them (except for the few volunteers each year). By viewing this process as a system, it is possible to also consider adjusting the flows, from year to year, by specialty. For example, if we don't lose as many surgeons in a given year as usual, we can reduce, at the margins, the number of training starts in surgery for the following year. GME is a system that requires feedback and adjustment on a continuing basis. The "art" in operating the GME system is the ability to predict the future. Training programs include:

- Internships (First Post Graduate Year (PGY-1));
- Residencies (ranging in length from 2 to 6 years, depending on specialty);
- Fellowships (usually 2 years in length and after a completed residency in a related field).

Additional definitions are required for the acronyms indicated in the GME flow diagram portrayed above.

Health Professions Scholarship Program (HPSP) graduates come in two types. Delay graduates are young graduating (military scholarship supported) physicians permitted to defer coming on active duty while they do their internship and residency in a civilian training program. They do not count against Army end strength until they "join" after they are fully trained, but they have a very low retention rate at the end of their obligation (incurred from the HPSP scholarship). Direct graduates are young graduating (military scholarship supported) physicians brought into the military for their internship and residency. They do count against Army end strength, but have a better retention rate at the end of their military obligation (incurred from the HPSP scholarship).

Uniformed Services University of Health Sciences (USUHS) is the Department of Defense Medical School. USUHS graduates have an even higher retention rate (1/3 higher) than HPSP direct program graduates, but they count against army end strength during medical school, as well as during their internship and residency.

A series of flow diagrams is provided below that shows how these physicians matriculate through the system to be trained and practice in the particular specialty they have chosen.

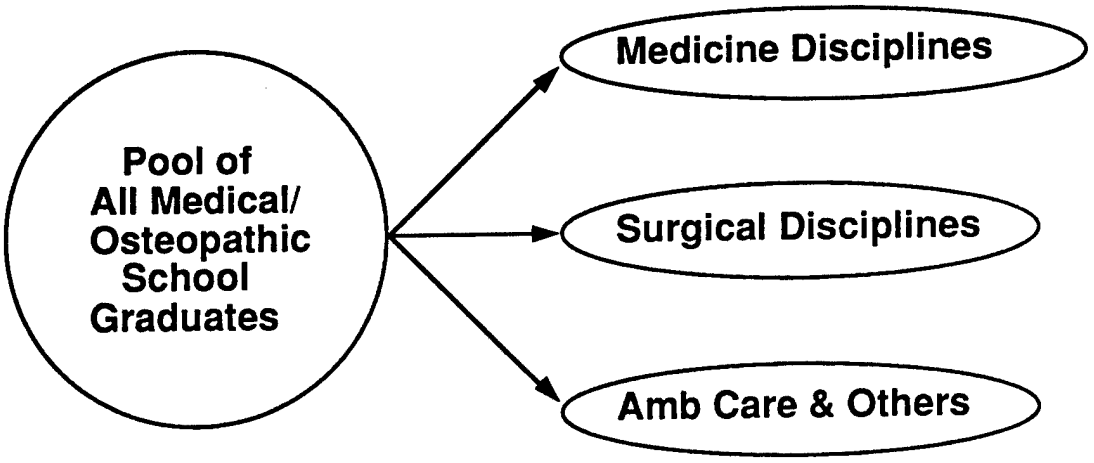

Fig. 4.3—Three Groups of Physicians

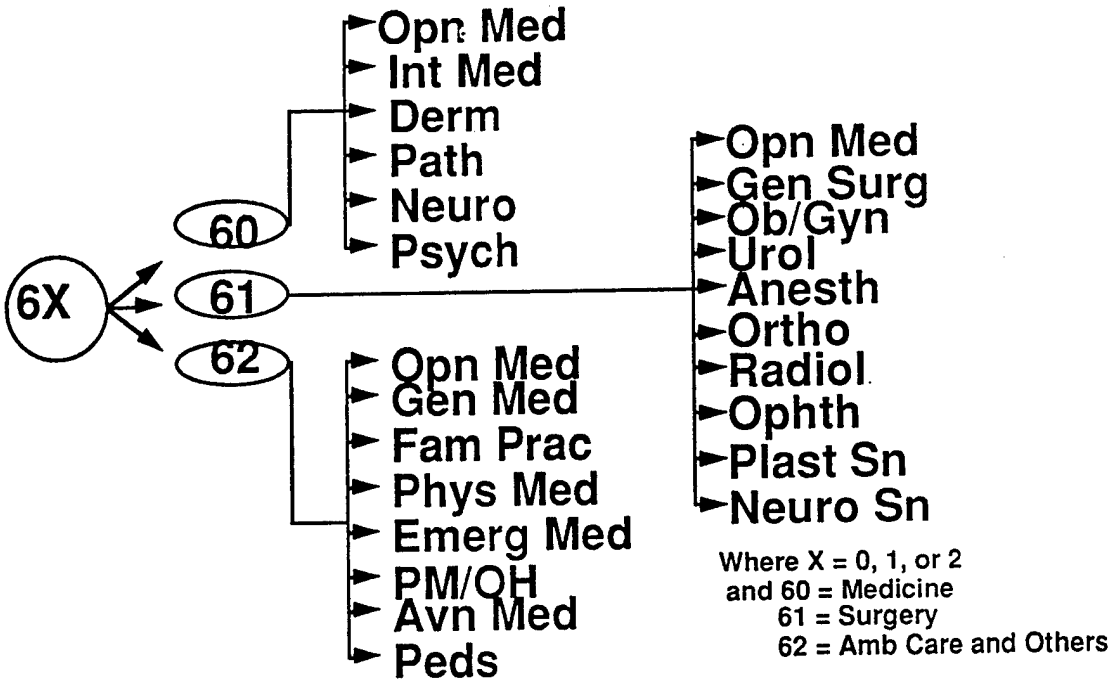

Fig. 4.4—Disciplines to Specialties

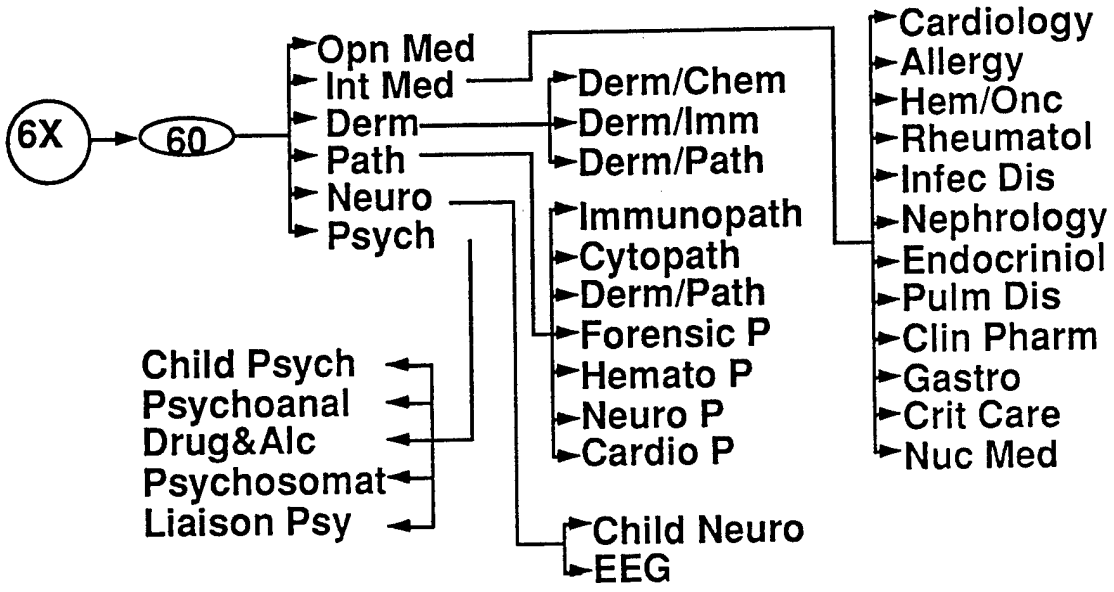

Fig.4.5—Medicine Specialties to Subspecialties

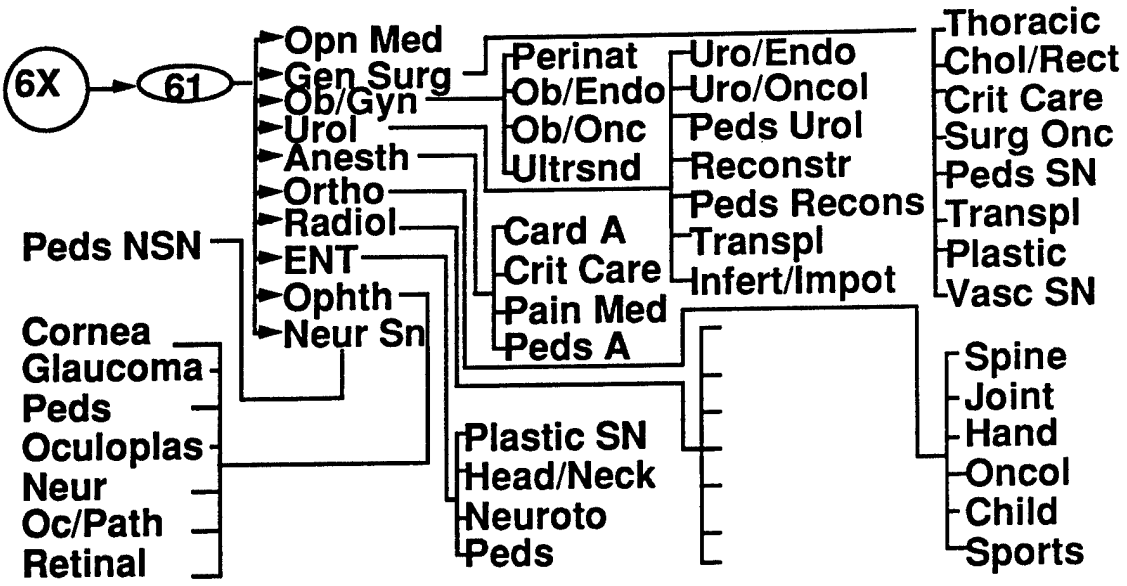

Fig. 4.6—Surgical Specialties to Subspecialties

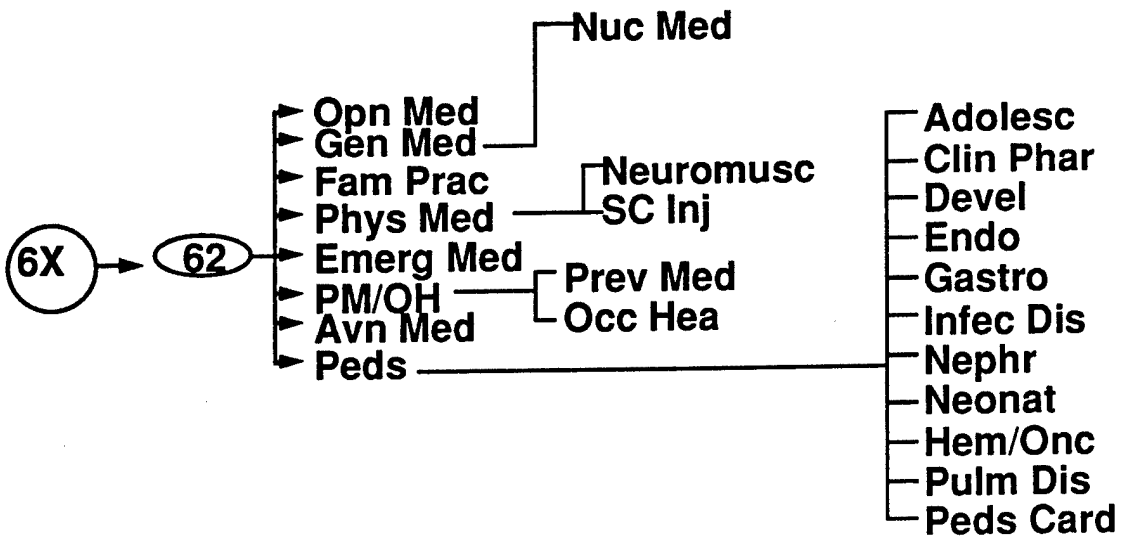

Fig. 4.7—Ambulatory Care Specialties to Subspecialties

Using the Requirements Driven, Zero-Based model to define the desired active-duty physician inventory, it is possible to then size GME. Keep in mind that desired inventory must drive GME; GME does not drive desired inventory. Though there are many complex relationships as

portrayed in Figures 4.3 - 4.7, they are definable and can be modeled mathematically. Each physician evolves through his own "life cycle," according to the pattern indicated in Figure 4.8.

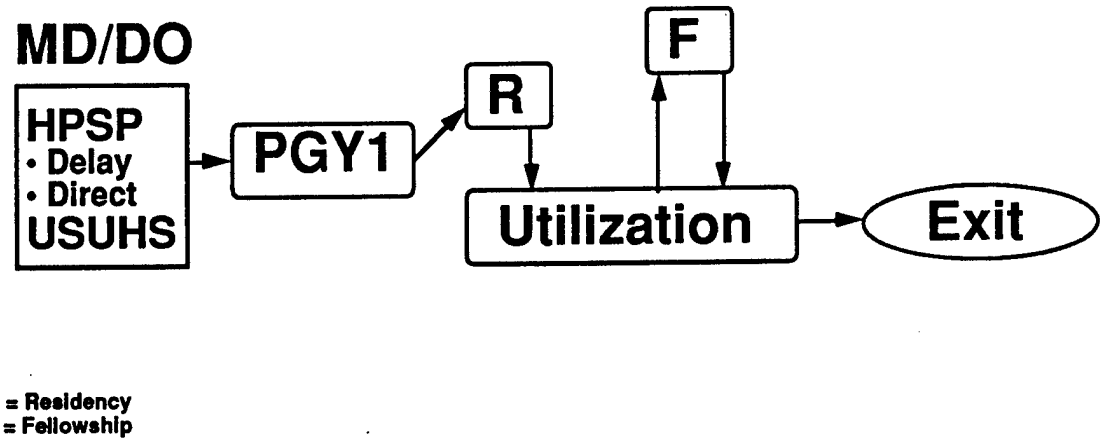

Fig. 4.8—GME Predominant Path

Consider this example. Start with 447 interns per year, of which about 100 will initially enter general practice and 347 will start directly into selected residencies; this could afford a "slice" of about 53 internal medicine residents for a three-year residency program. Following a 2-4 year utilization assignment, almost all these residents would then return for fellowship training in the subspecialty areas shown on Figure 4.5. At the end of their fellowship training, these physicians would return to a utilization tour of, again, 2-4 years. Some would then exit or leave the Army. Some would stay to be (GME) faculty for teaching programs; some would move into positions of executive leadership (directors of MTF medical Staff and/or Command); some would serve on a (MACOM) staff, and some would serve in the various other functions portrayed in the Requirements Driven, Zero Based Model.

Note this group is a single training year cohort. There is a new cohort each year. In this example, the life cycle of the cohort implies one year for the internship, three years for the residency, approximately three years in the first utilization tour, two years in fellowship training, and approximately three more years in the second

utilization tour. Total time in the cycle is, therefore, approximately twelve years.

Competent physicians starting as captains become majors after six years and advance to lieutenant colonel at twelve years. Thus, at the option point, stay in the military or exit, a physician has developed both professionally and militarily to be at the top of his or her career. Those who stay can be promoted to Colonel at eighteen years of service. Those who leave have excellent credentials in their clinical specialty to practice in the civilian health care market place. The model, therefore, shows the "pipeline" whereby we constantly rejuvenate the staffing of our health care delivery and readiness missions. It is, in fact, desirable to continuously incorporate large numbers of new, young captains into the physician structure while incrementally reducing the pool of senior physicians, keeping only the best for further advancement to be senior AMEDD leadership.

It is beyond the scope of this paper to mathematically model each of the physician specialties portrayed in Figures 4.3 through 4.7, but such modeling has been done by the Medical Corps Affairs Office of the Army Surgeon General. This modeling is important because, given the currently projected physician BES that will be authorized by the Army in 1996, at least one Medical Center will need to terminate its GME programs. Thus, the number of training starts per year to achieve and maintain the desired inventory of fully trained, active-duty physicians has been calculated. Of course, the presumption must be made that we know and can articulate the desired or prescribed inventory. That has been the thrust of this paper. The inter-relationships between Readiness, Health Care Delivery, and GME, with all of their subordinate functions, must be carefully considered in both sizing and distributing the number of physicians to be employed in the Army. Before concluding, let me emphasize, yet again, not all physicians serving the military must be active duty. The many different "flavors" portrayed in Section 2 should be fully employed and well managed.

V. CONCLUSION AND RECOMMENDATIONS

CONCLUSIONS

This paper portrayed how the Army, predominantly HSC, accomplishes physician distribution. What the AMEDD does with these distributed physicians was briefly discussed using both a capitation model -- the Medical Corps Optimization Model -- and a functional model -- the Requirements Driven, Zero-Based Model. A process for "Rightsizing" the structure of (active duty) physician distribution was presented in which numerous inter-relationships were discussed. Finally, it was emphasized that not all physicians serving the Army needed to be on active duty. AMEDD leadership must operate in an efficient and effective business modality to provide high-quality, accessible health care at a minimum cost while also standing ready to support military readiness and other Army contingencies.

RECOMMENDATIONS

Only those physicians who must be on active duty or "in uniform" should be allowed, while other flavors of providers should be contracted, hired, or invited through other innovations to join the military health care delivery system. MTF commanders must deliberately assume a more proactive role in managing the health care delivery assets throughout their communities, not just within their facilities. Managing health care must always focus on ready access to high-quality health care at the lowest possible price.

A number of specific recommendations are offered:

- A capitation model, such as MCO, should be used to articulate to Army Staff, the Department of Defense, and Congress the (total) true physician staffing requirements, while emphasizing that not all staff need to be on active duty. Furthermore, the mission assignment list (MAL) should be used as a tool to assign missions as prescribed by the capitation model.
- The AMEDD must be careful, to the point of stingy, with what it allows to be declared as necessary to have on active duty.
- Given a final declared inventory of desired active-duty physicians, by specialty, GME must be sized to attain and then

maintain that inventory. (This probably will entail the elimination of at least one Teaching Medical Center, due to the reduction in AMEDD size from 5537 to 4863.)

- To facilitate active-duty physician management, as well as to streamline GME management, the AOC structure should be changed to group physicians as disciplines which then divide into specialties and further subdivide into sub-specialties. Thus AOC codes presently in use and prescribed by AR 611-101 should be modified to fit the 60, 61, and 62 grouping presented in Figure 4.4.
- The AMEDD must be willing to accept the two-sided mandate in any physician (manpower) reduction: a reduction in resources is acceptable as long as the elimination of the associated mission(s) is also accepted and clearly communicated.
- The AMEDD must immediately undertake a similar study of its other personnel requirements (e.g., nurses, nurse practitioners, and PAs) to objectively defend them with relation to the missions they support. This is even more intensely necessary given the current budget-cutting environment.
- Cross Corps/Specialty substitution and reconciliation must be accomplished, especially where it makes good business sense (e.g., pediatric nurse practitioners for pediatricians, CRNAs for anesthesiologists, PAs for General Practitioners, and so forth).
- A single personnel management system must be established that includes active-duty personnel and civilian employees, contracted personnel, partners, and all of the other "flavors" of providers. Managing these different flavors of personnel separately frustrates high-level management by permitting gaming throughout the health care delivery system. By focusing on one area, such as active-duty personnel, resources in other areas, such as DAC or contracted providers, can be consciously or subconciously overlooked.
- GME must be managed in a cybernetic fashion. If retention in a particular specialty improves or worsens from year to year, then and only then, changes should be made in the number of training

starts for particular training programs. Obviously, these dynamic changes must also be carefully coordinated with the appropriate RRCs.

Additional GME information on Student to Faculty Ratio's

Per Dr Jim Wineladder at ACGME in a telecon with MAJ Cornell at Clin Med Div, ODCSCS, HQ HSC; ACGME has some fixed ratios at the present time. For other specialties "the ratio" is rather vaguely defined. Green Book established ratios are indicated below for those specialties that are fixed.

SPECIALTY	AOC	STUDENT/FACULTY RATIO
Cardiology	60H	1.5
Dermatology	60L	3
Anesthesia	60N	2
Anesthesia Critical Care		1
Ophthalmology	60S	3
Nephrology	61A	1.33 or 2 to 1.5
Rheumatology	61D	1
Family Practice	61H	6
General Surgery	61J	5 (1 per chief)
General Surgery Crit Care		1
Radiology Oncology	61Q	1.5

GME STUDENT TO FACULTY RATIOS

SPECIALTY	AOC	LOCATION	LENGTH (YRS)	SLOTS	TOT # STU	FACULTY	TOT STU	TOT FAC STU/FAC RATIO
NUC MED	60B	WBAMC	2.0	1.0	2.0	3.0	8	11
NUC MED	60B	FAMC	2.0	1.0	2.0	2.0		0.727272
NUC MED	60B	BAMC	2.0	1.0	2.0	2.0		
NUC MED	60B	WRAMC	2.0	1.0	2.0	4.0		
PULM DIS	60F	WRAMC	3.0	3.0	9.0	8.0	27	19
PULM DIS	60F	FAMC	3.0	2.0	6.0	4.0		1.421052
PULM DIS	60F	BAMC	3.0	2.0	6.0	4.0		
PULM DIS	60F	MAMC	3.0	2.0	6.0	3.0		
GASTRO	60G	BAMC	2.0	3.0	6.0	5.0	18	15
GASTRO	60G	FAMC	2.0	2.0	4.0	4.0		1.2
GASTRO	60G	WRAMC	2.0	4.0	8.0	6.0		
CARDIOLOGY	60H	BAMC	3.0	4.0	12.0	9.0	36	31
CARDIOLOGY	60H	FAMC	3.0	2.0	6.0	5.0		1.161290
CARDIOLOGY	60H	WRAMC	3.0	4.0	12.0	12.0		
CARDIOLOGY	60H	LAMC	3.0	2.0	6.0	5.0		
GYN ENDO	60J	WRAMC	2.0	1.0	2.0	1.0	119	54.1
GYN ONC	60J	WRAMC	3.0	2.0	6.0	3.0		2.199630
MAT/FET ME	60J	MAMC	3.0	1.0	3.0	0.0		
OB/GYN	60J	BAMC	4.0	4.0	16.0	9.0		
OB/GYN	60J	FAMC	4.0	4.0	16.0	7.0		
OB/GYN	60J	TAMC	4.0	6.0	24.0	11.0		
OB/GYN	60J	WBAMC	4.0	4.0	16.0	7.0		
OB/GYN	60J	WRAMC	4.0	4.0	16.0	8.1		
OB/GYN	60J	MAMC	4.0	3.0	20.0	8.0		
UROLOGY	60K	BAMC	5.0	1.0	5.0	3.0	35	20
UROLOGY	60K	MAMC	5.0	1.0	5.0	3.0		1.75
UROLOGY	60K	FAMC	5.0	1.0	5.0	3.0		
UROLOGY	60K	WRAMC	5.0	2.0	10.0	4.0		
UROLOGY	60K	TAMC	5.0	1.0	5.0	3.0		
UROLOGY	60K	LAMC	5.0	1.0	5.0	4.0		
DERM	60L	WRAMC	3.0	4.0	12	6.0	35	17
DERM	60L	BAMC	3.0	5.0	15.0	6.0		2
DERM	60L	FAMC	3.0	2.0	6.0	4.0		
IMMUNODERM	60L	WRAMC	2.0	1.0	2.0	1.0		
ALLERGY	60M	~~WBAMC~~	2.0	~~3.0~~	6.0	5.0	14	9
ALLERGY	60M	~~FAMC~~	2.0	~~3.0~~	8.0	4.0		1.5
ANESTH	60N	WRAMC	3.0	8.0	24.0	14.0	66	32
ANESTH	60N	BAMC	3.0	8.0	24.0	11.0		2.0625
ANESTH	60N	LAMC	3.0	6.0	18.0	7.0		
ADOL MED	60P	FAMC	2.0	1.0	2.0	2.0	94	92
ADOL MED	60P	WBAMC	2.0	1.0	2.0	2.0		1.021739
DEVEL PEDS	60P	MAMC	2.0	1.0	2.0	2.0		
DEVEL PEDS	60P	WBAMC	2.0	1.0	2.0	2.0		
NEONATOLOG	60P	TAMC	3.0	1.0	3.0	3.0		

NEONATOLOG	60P	WRAMC	3.0	2.0	6.0	3.0		
PEDS	60P	WRAMC	3.0	5.0	10.0	14.0		
PEDS	60P	WBAMC	3.0	4.0	12.0	12.0		
PEDS	60P	TAMC	3.0	5.0	16.0	10.0		
PEDS	60P	FAMC	3.0	4.0	12.0	12.0		
PEDS	60P	BAMC	3.0	4.0	12.0	14.0		
PEDS	60P	MAMC	3.0	4.0	12.0	14.0		
PEDS HEM/O	60P	WRAMC	3.0	1.0	3.0	2.0		
CHILD NEUR	60R	WRAMC	3.0	1.0	3.0	3.0		1
OPHTHAL	60S	FAMC	3.0	2.0	6.0	4.0	33	21
OPHTHAL	60S	LAMC	3.0	2.0	6.0	6.0		1.571428
OPHTHAL	60S	WRAMC	3.0	4.0	12.0	6.0		
OPHTHAL	60S	BAMC	3.0	3.0	9.0	5.0		
OTO	60T	FAMC	4.0	1.0	4.0	3.0	40	18
OTO	60T	BAMC	4.0	2.0	8.0	3.0		2.222222
OTO	60T	MAMC	4.0	2.0	8.0	4.0		
OTO	60T	TAMC	4.0	2.0	8.0	4.0		
OTO	60T	WRAMC	4.0	3.0	12.0	4.0		
CH/ADOLPSY	60U	TAMC	2.0	2.0	4.0	2.0	16	20
CH/ADOLPSY	60U	LAMC	2.0	2.0	4.0	3.0		0.8
CH/ADOLPSY	60U	DDEAMC	2.0	2.0	4.0	3.0		
CH/ADOLPSY	60U	WRAMC	2.0	2.0	4.0	12.0		
EEG/EMH	60V	WRAMC	1.0	1.0	1.0	1.0	30	12
NEUR	60V	LAMC	4.0	2.0	8.0	5.0		2.5
NEUR	60V	WRAMC	4.0	5.0	20.0	5.0		
NEUR OPHTH	60V	WRAMC	1.0	1.0	1.0	1.0		
PSYCH	60W	DDEAMC	4.0	6.0	24.0	7.0	92	28
PSYCH	60W	LAMC	4.0	3.0	12.0	8.0		3.285714
PSYCH	60W	TAMC	4.0	6.0	24.0	7.0		
PSYCH	60W	WRAMC	4.0	8.0	32.0	9.0		
NEPHROLOGY	61A	BAMC	2.0	2.0	4.0	3.0	8	6
NEPHROLOGY	61A	WRAMC	2.0	2.0	4.0	3.0		1.333333
HEM/ONC	61B	MAMC	3.0	2.0	6.0	5.0	24	17
HEM/ONC	61B	LAMC	3.0	2.0	6.0	5.0		1.411764
HEM/ONC	61B	BAMC	3.0	2.0	6.0	6.0		
HEM/ONC	61B	WRAMC	3.0	2.0	6.0	1.0		
ENDO	61C	MAMC	2.0	1.0	2.0	4.0	8	16
ENDO	61C	WRAMC	2.0	2.0	4.0	8.0		0.5
ENDO	61C	FAMC	2.0	1.0	2.0	4.0		
RHEUMATOL	61D	WRAMC	2.0	2.0	4.0	4.0	6	7
RHEUMATOL	61D	FAMC	2.0	1.0	2.0	3.0		0.857142
GEN INT ME	61F	WRAMC	2.0	3.0	6.0	3.0	244	71
INT MED	61F	DDEAMC	3.0	6.0	18.0	5.0		3.436619
INT MED	61F	FAMC	3.0	8.0	24.0	6.0		
INT MED	61F	TAMC	3.0	9.0	27.0	9.0		

INT MED	61F	WRAMC	3.0	14.0	42.0	13.0		
INT MED	61F	BAMC	3.0	12.0	36.0	13.0		
INT MED	61F	LAMC	3.0	7.0	21.0	8.0		
INT MED	61F	WBAMC	3.0	9.0	27.0	6.0		
INT MED	61F	MAMC	3.0	9.0	27.0	8.0		
MED RESRCH	61F	WRAIR	1.0	4.0	4.0	0.0		
MED/PEDS	61F	WBAMC	4.0	3.0	12.0	0.0		
INFEC DIS	61G	BAMC	3.0	1.0	3.0	4.0	9	9
INFEC DIS	61G	WRAMC	3.0	2.0	6.0	5.0		1
FAM PRAC	61H	BELVOIR	3.0	6.0	18.0	23.0	151	100
FAM PRAC	61H	BENNING	3.0	10.0	30.0	17.0		1.51
FAM PRAC	61H	DDEAMC	3.0	10.0	30.0	16.0		
FAM PRAC	61H	BRAGG	3.0	10.0	30.0	21.0		
FAM PRAC	61H	ORD	3.0	6.0	18.0	14.0		
FAM PRAC	61H	MAMC	3.0	7.0	21.0	9.0		
FP SUB SP	61H	MAMC	2.0	2.0	4.0	0.0		
SURG	61J	WBAMC	5.0	3.0	18.0	4.0	147	39
SURG	61J	YAMC	5.0	2.0	14.0	6.0		3.769230
SURG	61J	BAMC	4.0	3.0	18.0	5.0		
SURG	61J	WRAMC	5.0	4.0	24.0	11.0		
SURG	61J	FAMC	5.0	2.0	16.0	4.0		
SURG	61J	LAMC	5.0	3.0	18.0	3.0		
SURG	61J	DDEAMC	5.0	3.0	15.0	2.0		
SURG	61J	TAMC	5.0	4.0	24.0	4.0		
THORACIC	61K	WRAMC	3.0	1.0	3.0	3.0	9	10
THORACIC	61K	BAMC	3.0	1.0	3.0	4.0		0.9
THORACIC	61K	LAMC	3.0	1.0	3.0	3.0		
PLASTIC SN	61L	WBAMC	2.0	1.0	2.0	2.0	3	9
PLASTIC SN	61L	WRAMC	2.0	1.0	2.0	4.0		0.666666
PLASTIC SN	61L	FAMC	2.0	1.0	2.0	3.0		
ORTH/HAND	61M	WRAMC	1.0	2.0	2.0	1.0	105	40
ORTH/JOINT	61M	WPOINT	2.0	1.0	2.0	3.0		2.7
ORTHO	61M	TAMC	4.0	3.0	12.0	4.0		
ORTHO	61M	WBAMC	4.0	5.0	20.0	4.0		
ORTHO	61M	MAMC	4.0	3.0	12.0	6.0		
ORTHO	61M	BAMC	4.0	4.0	16.0	6.0		
ORTHO	61M	LAMC	4.0	3.0	12.0	4.0		
ORTHO	61M	WRAMC	4.0	3.0	12.0	3.0		
ORTHO	61M	DDEAMC	4.0	2.0	8.0	5.0		
ORTHO	61M	FAMC	4.0	3.0	12.0	4.0		
PHYS MED	61P	WRAMC	3.0	3.0	9.0	3.0		1.8
RAD/ONC	61Q	LAMC	3.0	1.0	3.0	2.0	5	7
RAD/ONC	61Q	WRAMC	3.0	1.0	3.0	5.0		0.857142
ANGIOGRAPH	61R	FAMC	1.0	1.0	1.0	1.0	111	55.5
ANGIOGRAPH	61R	WRAMC	1.0	1.0	1.0	1.0		2.090090
IMAG/CT	61R	WRAMC	1.0	1.0	1.0	1.0		
IMAG/CT	61R	BAMC	1.0	1.0	1.0	1.0		

RAD/DIAG	61R	MAMC	4.0	4.0	16.0	9.3			
RAD/DIAG	61R	TAMC	4.0	4.0	16.0	9.0			
RAD/DIAG	61R	BAMC	4.0	6.0	24.0	9.0			
RAD/DIAG	61R	FAMC	4.0	4.0	16.0	7.0			
RAD/DIAG	61R	WRAMC	4.0	6.0	24.0	11.0			
RAD/DIAG	61R	LAMC	4.0	4.0	16.0	6.0			
PATH	61U	BAMC	4.0	3.0	12.0	11.0	61	50	
PATH	61U	WRAMC	4.0	4.0	16.0	12.0		1.22	
PATH	61U	WBAMC	4.0	2.0	8.0	7.0			
PATH	61U	TAMC	4.0	2.0	8.0	7.0			
PATH	61U	DDEAMC	4.0	2.0	8.0	7.0			
PATH	61U	MAMC	4.0	2.0	8.0	5.0			
PATH/CYTO	61U	BAMC	1.0	1.0	1.0	1.0			
VASCULAR	61W	WRAMC	2.0	1.0	2.0	2.0		1	
NEUR/SURG	61Z	WRAMC	6.0	1.0	6.0	6.0		1	
EMER MED	62A	HOOD	3.0	8.0	24.0	6.0	57	27	
EMER MED	62A	MAMC	3.0	6.0	12.0	9.0		2.111111	
EMER MED	62A	BAMC	3.0	7.0	21.0	10.0			
TRANS	XXX	FAMC	1.0	12.0	12.0	0.0	"HIDDEN RATIOS"		
TRANS	XXX	TAMC	1.0	15.0	15.0	0.0			
TRANS	XXX	LAMC	1.0	10.0	10.0	0.0			
TRANS	XXX	DDEAMC	1.0	7.0	7.0	0.0			
TRANS	XXX	MAMC	1.0	11.0	11.0	0.0			
TRANS	XXX	BAMC	1.0	18.0	18.0	0.0			
TRANS	XXX	WRAMC	1.0	16.0	16.0	0.0			
					1633	873.6	1.869276		

KEY TO GME STUDY MATRICES

PAGE	COLUMN	HEADING	DEFINITION
1	1	AOC	STANDARD 3 DIGIT AOC AS DEFINED BY AR 611-101
	2	SPECIALTY	SPECIALTY TITLE (ABBREVIATED)
	3	FAC	MINIMUM NUMBER OF FACULTY, OF THE INDICATED SPECIALTY, FOR THE DESIGNATED TRAINING PROGRAM (FAC "CRITICAL MASS")
	4	RES	MINIMUM NUMBER OR CRITICAL MASS OF PHYSICIANS IN TRAINING FOR THE DESIGNATED TRAINING PROGRAM (INCLUDES ALL YEAR GROUPS).
	5	MASS	OVERALL CRITICAL MASS MINIMUM CONSTRAINT, GENERALLY OF PHYSICIANS IN TRAINING, FOR A GIVEN TRAINING PROGRAM (THE LEAST NUMBER OF PHYSICIANS IN TRAINING AN RRC WILL ALLOW).
	6	ACGME	THIS COLUMN WAS USED TO DEPICT WHETHER IT WAS TRUE OR FALSE THAT THE "GREEN BOOK" OF THE ACCREDITATION COMMITTEE ON GRADUATE MEDICAL EDUCATION HAD SPECIFIED A PHYSICIAN IN TRAINING TO FACULTY RATIO. A "0" MEANS "FALSE". A "1" MEANS "TRUE".
	7	OFF_RATIO	THIS ABBREVIATION WAS FOR "OFFICIAL RATIO" (PHYSICIAN IN TRAINING TO FACULTY) EITHER REQUIRED BY THE ACGME OR PERCEIVED BY THE CONSULTANT TO BE REQUIRED (IN THE ABSENCE OF AN ACGME OR RRC PUBLISHED RATIO REQUIREMENT)
	8-12	___SUPSPC	FIRST THROUGH FIFTH SUBSPECIALTY REQUIREMENTS (FOCUS ON OPHTHALMOLOGISTS; OF 6 FACULTY REQUIRED THERE MUST BE ONE OF EACH OF THE SUBSPECIALTIES INDICATED REPRESENTED ON THE FACULTY.

KEY TO GME STUDY MATRICES

PAGE	COLUMN	HEADING	DEFINITION
2	1	AOC	STANDARD 3 DIGIT AOC AS DEFINED BY AR 611-101
	2	SPECIALTY	SPECIALTY TITLE (ABBREVIATED)
	3	OPN	USED AS ABBREVIATION FOR 60A DUTY AOC
	3-44	EACH AOC	SPECIFIED AOC TO BE COMPARED TO EACH AOC FROM THE FIRST COLUMN AND A TRUE/FALSE QUESTION ASKED: "DOES THE TRAINING PROGRAM SPECIFIED AT THE BEGINNING OF EACH ROW REQUIRE THE PRESENCE OF THE AOC'S SPECIFIED AT THE TOP OF EACH RESPECTIVE COLUMN?" A BLANK SPACE MEANS "FALSE". A "1" MEANS "TRUE". FOR EXAMPLE, (61F) INTERNAL MEDICINE REQUIRES THE PRESENCE OF CERTAIN OTHER, SYNERGISTIC SPECIALTIES IN THE TEACHING FACILITY IN ORDER TO BE ACCREDITED. THOSE SYNERGISTIC SPECIALTIES ARE: 60F, 60G, 60H, 60M, 61A, 61B, 61C, 61D, (OBVIOUSLY) 61F, AND 61G.
	45	REF %	THE RESPECTIVE CONSULTANT'S OPINION OF THE AMOUNT OF WORKLOAD IN A GIVEN SPECIALTY THAT SHOULD BE EXPECTED TO BE "REFERRED IN" FROM OUTSIDE 40 MILES. "BLANK" ENTRY MEANS NO OPINION STATED.
	46	CONSULTANT	LAST NAME OF CONSULTANT
	47	PHONE	CONSULTANT PHONE NUMBER

PAGE 3 EXACTLY THE SAME AS PAGE 2 EXCEPT MATRIX IS SORTED BY KEYING ON RIGHT COLUMN AND BOTTOM ROW; IT IS SORTED IN ASCENDING ORDER FROM TOP TO BOTTOM AND LEFT TO RIGHT.

PAGE 4 LIST OF CONSULTANTS AND PHONE NUMBERS WHO PARTICIPATED IN THE STUDY.

		MIN. NO.	MIN/ CLASS	MIN/ PGM	0=N 1=Y	RES:FAC	REQUIRED SUBSPECIALTY TRAINING PROGRAM NEEDED FOR ACCREDITATION				
AOC	SPECIALTY	FAC	RES	MASS	ACGME	OFF_RATIO	FIRST_SUBSPC	SECOND_SUBSPC	THIRD_SUBSPC	FOURTH_SUBSPC	FIFTH_SUBSPC
60B	NUCLEAR MEDICIN	3	2	2	0	2:3					
60C	PREV MED	1	4	4	0	2:1					
60D	OCCUPATIONAL HE	2	4	4	0	1:1	1 EA 60D	1 EA 60C			
60F	PULMONARY	6	6	6	1	1:1	CRIT CARE				
60G	GASTROENTEROLO	2	2	2	0	1:1					
60H	CARDIOLOGY	6	6	6	1	1.5:1	1 INVASIVE	1 ECHO	1 EP		
60J	OB/GYN	6	12	12	1	2:1	PERINATOLOGY	GYN/ONC	REPRO/ENDOCR		
60K	UROLOGY	1	2	2	0	2:1					
60L	DERMATOPATH	1	1	1	0	1:1					
60L	IMMUNODERM	1	1	1	0	1:1					
60L	DERM SURGERY	1	1	1	0	1:1					
60L	DERMATOLOGY	4	6	6	1	3:1	DERMATOPATH	DERM SURG	IMMUNODERM		
60M	ALLERGY	6	6	6	0	1.3:1					
60N	ANESTHESIOLOGY	9	18	18	1	2:1					
60P	PEDIATRICS	12	12	12	0	1.3:1	ADOL MED	CC	DEVEL PEDS	NEONATOLOGY	PULMONOLOGY
60P	DEVEL PEDS	2	1	1	0	1.5:1					
60P	ADOLESCENT MED	2	2	2	0	1:1					
60P8X	NEONATAL-PERINA	6	3	3	0	1:2					
60Q	PEDIATRIC CARDI	4	12	12	0	3:1					
60R	PED NEUROLOGY	3	2	3	0	1:1	NEUROLOGY	EEG/EMG			
60S	OPHTHALMOLOGY	6	18	6	1	3:1	GLAUCOMA	CORNEA	RETINA	OCULOPLASTIC	NEURO-OPTH
60T	ENT	4	4	4	0	1:1	HEAD & NECK	OTOLOGY	PED OTOLAR		
60U	CHILD PSYCH	3	2	2	0	1+:1					
60V	NEUROLOGY	6	9	6	0	1.5:1	CHILD NEURO	EEG/EMG			
60W	PSYCHIATRY	7	4	7	0	2+:1	CHILD PSYCH	FORENSIC PSY	COMM/LIAISON	PSYCHOANALYSIS	ALC/DRUG PSYCH
61A	NEPHROLOGY	5	6	5	1	2:1.5					
61B	MEDICAL ONCOLOG	4	4	4	0	1:1					
61B	CRITICAL CARE	4	2	2	1	1:1	ANESTH CCM	SURG CCM	MEDICAL CCM		
61C	ENDOCRINOLOGY	3	2	1	0	1:2					
61D	RHEUMATOLOGY	3	1	1	1	1:1					
61E	CLINICAL PHARM	7	3	3	0	1:2					
61F	INTERNAL MED	4	8	12	0	2:1					
61G	INFEC DISEASE	6	6	6	0	1:1					
61H	FAMILY PRACTICE	4	18	12	1	3:1	GERIATRICS				
61J	GENERAL SURGER	5	20	2	0	4:1	COLON/RECTAL	SURG/ONC	SURG CRIT CA	PEDS SURGERY	
61K	THORACIC SURGER	4	2	2	0	2:1					
61L	PLASTIC SURGERY	3	1	1	0	1:1.5					
61M	ORTHO FELLOW	2	1	1	0	2:1	HAND SURGERY	PEDIATRIC ORTHO	SPINE SURG	ADULT RECONSTR	SOFT TISSUE/JOINT
61M	ORTHOPEDICS	6	12	12	0	2:1					
61N	FLT SN (LONG)	1	1	6	0	1:1					
61N9D	FLT SN (SHORT)	4	20	20	0	5:1					
61P	PHYSIATRY	7	12	12	1	2:1					
61Q	THER RADIOLOGY	3	5	5	0	1.5:1					
61R	DIAGNOSTIC RAD	10	16	16	0	1.45:1	PED RADIOL	INTERVEN RAD	NEURO RAD		
61U	PATHOLOGY	6	6	6	0	1:1	CYTOPATH	FORENSIC PAT	IMMUNOPATH	DERMATOPATH	HEMATOPATH
61W	PERI VAS SN	3	2	2	0	1:2					
61Z	NEUROSURGEON	4	6	6	0	3:2	NEURORADIOL	PEDS NEUROSN	SPINE FELLOW	GAMMA KNIFE	
62A	EMERGENCY MED	8	24	8	0	3:1	EMS	TOXICOLOGY	RESEARCH		
62B	FIELD SURGEON	5	4	4	1	6:1					
600A	PHYS ASST	1	1	1	0	1:1	SPONS PHYS				

MATRIX SHOWING RELATIONSHIP BETWEEN GME PROGRAM AND ASSOCIATED SPECIALTIES NEEDED FOR ACCREDITATION

AOC	SPECIALTY	OPN	00B NUC	00C PRE	00D OC	00F PUL	00G GAS	00H CAR	00J OB	00K UR	00L DER	00M ALL	00N ANE	00P PED	00Q PED	00R PED	00S OPH	00T ENT	00U CHS	00V MEU	00W PSY	01A NEP	01B MED	01C END	01D RHE	01E CLI	01F INT	01G INF	01H FAM	01J GEN	01K THO	01L PLA	01M ORT	01N FLT	01P PHY	01Q THE	01R DIA	01U PAT	01W PER	01Z NEU	02A EME	02B FLD	PA	TOT	REF %
00B	NUCLEAR MEDICIN		1					1	1														1			1									1	1						7	20
00C	PREV MED			1																																						1	10
00D	OCCUPATIONAL ME			1	1																																					2	
00F	PULMONARY		1			1	1	1				1	1					1				1	1	1	1	1	1	1		1	1				1	1	1					10	50
00G	GASTROENTEROLOG		1			1	1	1					1	1				1					1				1			1	1				1	1	1					14	40
00H	CARDIOLOGY		1					1					1		1												1			1												6	
00J	OB/GYN		1			1	1	1	1	1			1	1							1		1	1			1	1		1						1	1					10	30
00K	UROLOGY		1					1	1	1			1	1	1					1		1	1	1		1	1			1	1	1			1	1	1	1		1		24	40
00L	DERM SURGERY			1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1			1	1	1	1				31	
00L	DERMATOPATH			1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1			1	1	1	1				31	
00L	DERMATOLOGY			1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1			1	1	1	1				31	
00L	IMMUNODERM			1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1			1	1	1	1				31	
00M	ALLERGY					1					1	1		1				1							1		1									1	1					6	20
00N	ANESTHESIOLOGY		1			1	1	1	1	1			1	1	1	1	1	1		1	1	1		1	1	1	1			1	1	1	1			1	1	1				26	
00P	PEDIATRICS	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1	1	1		1	1	1	1	1			36	10
00PBX	NEONATAL-PERINA		1						1	1	1		1	1	1	1	1	1												1	1	1	1				1				17	25
00P	DEVEL PEDS										1					1			1																							3	10
00P	ADOLESC MED								1					1					1															1								4	
00Q	PEDIATRIC CARDI		1			1		1					1	1								1							1	1											6	
00R	PED NEUROLOGY		1			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1			1	1	1	1	1	1			34	
00S	OPHTHALMOLOGY		1			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1			1	1	1	1	1				33	30
00T	ENT		1			1		1			1	1	1	1			1	1		1			1	1			1	1		1	1	1			1	1	1		1	1		22	60
00U	CHILD PSYCH															1			1	1	1						1												1			6	
00V	NEUROLOGY		1			1	1	1	1	1	1	1	1	1		1	1		1	1	1	1	1	1	1			1		1					1				1			23	10
00W	PSYCHIATRY															1			1	1	1						1													1			6	
01A	NEPHROLOGY		1			1	1	1	1	1	1	1	1				1		1		1	1	1	1	1	1	1			1	1		1			1	1	1		1			25	20
01B	MEDICAL ONCOLOG		1			1	1	1	1	1								1				1	1	1	1	1	1			1	1		1			1	1	1				21	20
01B	CRITICAL CARE					1		1					1									1	1			1	1			1												6	
01C	ENDOCRINOLOGY		1						1								1							1		1	1			1					1	1			1			8	
01D	RHEUMATOLOGY		1			1					1			1		1					1	1		1	1	1					1			1		1					15	50
01E	CLINICAL PHARM			1										1												1	1														5	90
01F	INTERNAL MED					1	1	1				1										1	1	1	1	1	1															10	30
01G	INFEC DISEASE		1	1	1	1	1	1	1	1	1	1		1	1	1	1	1		1	1	1	1	1	1	1	1			1	1	1	1		1	1	1	1			1	35	60
01H	FAMILY PRACTICE			1		1	1	1	1	1	1	1	1				1	1		1	1	1	1	1	1	1		1			1	1	1		1	1	1	1				22	40
01J	GENERAL SURGERY		1	1		1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1			1	1	1	1		1	1	1	1	1			36	70
01K	THORACIC SURGER		1			1	1	1					1		1								1				1			1	1				1	1					1	13	50
01L	PLASTIC SURGERY										1		1	1			1	1		1			1				1			1	1	1			1	1			1			16	
01M	ORTHO FELLOW		1			1		1		1			1	1						1	1		1	1	1		1			1	1	1	1		1	1	1	1	1			23	60
01M	ORTHOPEDICS		1			1		1		1			1	1	1					1	1		1	1	1		1			1	1	1	1		1	1	1	1				24	40
01N	FLT SN (LONG)	1		1	1			1	1		1	1					1	1		1	1					1	1	1					1			1	1					10	
01N0	FLT SN (SHORT)			1				1									1	1		1	1					1		1					1			1				1		11	
01P	PHYSIATRY																			1					1							1		1								4	
01Q	THER RADIOLOGY					1			1					1										1			1			1					1	1	1					8	
01R	DIAGNOSTIC RAD		1			1	1	1	1	1			1	1	1	1		1				1	1	1	1		1	1		1	1		1			1	1	1	1	1			26	20
01U	PATHOLOGY								1					1												1		1	1							1	1					7	30
01W	PERI VAS SN		1					1		1			1					1								1			1	1		1						1				10	50
01Z	NEUROSURGEON		1			1	1	1	1	1			1	1		1	1	1		1	1	1	1	1	1		1	1		1	1	1	1		1	1	1	1	1	1			30	25
02A	EMERGENCY MED		1			1	1	1	1	1	1		1	1			1	1		1	1	1		1	1		1			1	1	1	1			1		1	1	1			25	N/A
02B	FIELD SURGEON							1	1	1	1		1	1			1	1		1	1					1				1			1						1	1			17	40
00GA	PHYS ASST				1				1	1	1	1		1			1	1		1	1					1		1	1				1						1	1	1		19	
	TOTAL	2	27	13	6	20	22	24	20	25	22	18	20	23	17	18	23	20	12	20	20	22	27	20	23	13	40	27	6	35	22	18	27	2	10	22	25	24	18	16	17	4	6	692	

"1" INDICATES SUBSPECIALTY PROGRAM REQUIRED FOR ACCREDITATION OF GME PROGRAM

MATRIX SHOWING RELATIONSHIP BETWEEN GME PROGRAM AND ASSOCIATED SPECIALTIES NEEDED FOR ACCREDITATION

		00A	01N	02B	00A	01H	00D	01P	00U	01E	00C	01Z	02A	00Q	01W	01L	00R	00M	00B	01A	01K	00L	01Q	00B	01D	00K	00V	00W	00T	01C	01B	00B	01M	01G	00J	00N	00F	00P	01U	00H	01J	01R	01F	
AOC	SPECIALTY	OPN	FLT	FLD	PA	FAM	OC	PHY	CHS	CLI	PRE	NEU	EME	PED	PER	PLA	PED	ALL	GAS	NEP	THO	DER	THE	OPH	RHE	UR	NEU	PSY	ENT	END	MED	NUC	ORT	INF	OS	ANE	PUL	PED	PAT	CAR	GEN	DIA	INT	TOT
00C	PREV MED										1																																	1
00D	OCCUPATIONAL HE						1				1																																	2
00P	DEVEL PEDS								1								1																					1						3
00P	ADOLESC MED								1																								1		1			1						4
01P	PHYSIATRY							1																	1		1						1											4
01E	CLINICAL PHARM									1	1																							1					1					3
00W	PSYCHIATRY								1				1				1										1	1										1						4
00H	CARDIOLOGY													1							1											1				1				1				4
00U	CHILD PSYCH								1				1				1										1	1																4
01U	PATHOLOGY					1																												1			1	1		1	1	1	7
00B	NUCLEAR MEDICIN																													1		1		1			1	1		1	1	1	7
00Q	PEDIATRIC CARDI													1						1	1											1					1	1			1	1		6
01B	CRITICAL CARE																			1											1			1		1	1			1	1		1	8
00M	ALLERGY																	1				1			1				1								1	1	1		1	1	1	9
01G	ENDOCRINOLOGY											1											1	1						1		1			1						1	1	1	9
01Q	THER RADIOLOGY																						1								1				1			1	1	1		1	1	9
01W	PERI VAS SN														1						1				1				1			1	1	1		1				1	1		10
01P	INTERNAL MED																	1	1	1				1						1	1			1		1				1			1	10
01N8D	FLT SN (SHORT)		1		1	1					1												1			1	1	1											1	1			11
01K	THORACIC SURGER				1									1					1		1		1								1	1			1	1		1	1	1	1		13
00Q	GASTROENTEROLOG																		1		1		1						1		1	1			1	1	1	1	1	1	1	1	14
01D	RHEUMATOLOGY							1									1			1		1			1					1		1		1	1					1	1	1	15
00J	OB/GYN																		1							1		1		1	1	1		1	1	1	1		1	1	1	1	16
01L	PLASTIC SURGERY											1				1					1	1	1	1				1	1		1		1			1			1	1	1	1	16
00PEX	NEONATAL-PERINA											1		1		1	1				1	1		1									1	1		1			1	1			17
02B	FIELD SURGEON			1									1									1		1			1	1	1				1		1	1		1	1	1	1	1	17
00F	PULMONARY									1								1	1	1	1		1		1				1	1	1	1		1		1	1		1	1	1	1	1	18
01N	FLT SN (LONG)	1	1	1		1	1				1		1					1			1			1			1	1	1				1	1					1		1	1	19
00DA	PHYS ASST			1	1	1					1		1					1			1			1		1	1	1	1				1					1	1		1	1	19
01B	MEDICAL ONCOLOG																			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	21
00T	ENT											1	1			1		1			1	1	1	1			1		1	1	1		1		1	1	1	1	1	1	1	1	22
01N	FAMILY PRACTICE					1	1	1				1						1	1			1		1		1	1	1	1		1		1		1	1		1	1	1	1	1	22
01M	ORTHO FELLOW							1				1			1	1					1		1		1	1	1	1		1	1	1	1	1		1	1	1	1	1	1	1	23
00V	NEUROLOGY							1	1			1					1	1	1	1		1		1		1	1	1	1		1	1	1	1	1	1	1	1	1	1	1		23
01M	ORTHOPEDICS							1				1		1	1	1					1		1		1	1	1	1		1	1	1	1	1		1	1	1	1	1	1	1	24
00K	UROLOGY			1						1		1			1	1				1	1		1			1	1			1	1	1	1	1	1	1	1		1	1	1	1	24
01A	NEPHROLOGY									1			1		1			1	1	1	1	1		1	1	1	1			1	1	1	1	1	1	1	1		1	1	1	1	25
02A	EMERGENCY MED											1	1		1	1			1	1	1		1		1	1	1	1	1		1	1	1	1		1	1		1	1	1	1	25
01R	DIAGNOSTIC RAD											1	1	1	1		1		1	1	1		1		1	1			1	1	1	1	1	1	1	1	1	1	1	1	1	26
00N	ANESTHESIOLOGY									1		1		1	1	1	1		1	1	1		1		1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	26
01Z	NEUROSURGEON							1				1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30
00L	IMMUNODERM								1	1	1			1	1	1	1	1	1	1		1	1	1	1	1	1	1	1			1	1	1	1	1	1	1	1	1	1	1	31
00L	DERMATOLOGY								1	1	1			1	1	1	1	1	1	1		1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	31
00L	DERM SURGERY								1	1	1			1	1	1	1	1	1	1		1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	31
00L	DERMATOPATH								1	1	1			1	1	1	1	1	1	1		1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	31
00G	OPHTHALMOLOGY								1			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	33
00R	PED NEUROLOGY							1	1	1		1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	34
01G	INFEC DISEASE				1		1			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	35
01J	GENERAL SURGERY							1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	35
00P	PEDIATRICS	1					1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	36
	TOTAL	2	2	4	4	6	6	10	12	13	18	16	17	17	18	16	16	18	22	22	22	22	23	23	26	26	26	26	26	27	27	27	27	28	29	29	33	34	34	35	36	40	867

*"1" INDICATES SUBSPECIALTY PROGRAM REQUIRED FOR ACCREDITATION OF GME PROGRAM

AOC	SPECIALTY	CONSULTANT	PHONE
60B	NUCLEAR MEDICINE	BLUE	AV943-8241
60C	PREV MED	EDRTMANN	60125
60D	OCCUPATIONAL HEA	DEETER	AV584-2714
60F	PULMONARY	PHILLIPS	2025761749
60G	GASTROENTEROLOGY	WONG	AV291-2256
60H	CARDIOLOGY	WORTHAM	AV289-3838
60J	OB/GYN	BROADNAX	AV780-6395
60K	UROLOGY	MCLEOD	AV291-3865
60L	DERM SURGERY	BECKER	AV471-4027
60L	DERMATOPATH	BECKER	AV471-4027
60L	DERMATOLOGY	BECKER	AV471-4027
60L	IMMUNODERM	BECKER	AV471-4027
60M	ALLERGY	SPAULDING	AV943-8370
60N	ANESTHESIOLOGY	CONDON	AV291-1471
60P	PEDIATRICS	PIERCE	AV291-1248
60P8X	NEONATAL-PERINA	WEISMAN	AV295-3130
60P	DEVEL PEDS	ATKINSON	AV979-2561
60P	ADOLESC MED	SCHYNDLOWER	AV979-2233
60Q	PEDIATRIC CARDI	MOORE	AV291-3835
60R	PED NEUROLOGY	MITCHELL	AV291-1863
60S	OPHTHALMOLOGY	KRAMER	291-1960
60T	ENT	BRAMMER	AV291-1640
60U	CHILD PSYCH	FAGAN	AV289-0158
60V	NEUROLOGY	GUNDERSON	2025761510
60W	PSYCHIATRY	FAGAN	AV289-0158
61A	NEPHROLOGY	MOORE	AV291-1464
61B	MEDICAL ONCOLOGY	DIEHL	AV291-1754
61B	CRITICAL CARE	WHATMORE	AV291-3891
61C	ENDOCRINOLOGY	BURMAN	AV291-1793
61D	RHEUMATOLOGY	WEST	AV943-3080
61E	CLINICAL PHARM	SCHUSTER	AV291-5411
61F	INTERNAL MED	KUSSMAN	AV289-0148
61G	INFEC DISEASE	OSTER	AV291-0587
61H	FAMILY PRACTICE	STEINWEG	AV289-0156
61J	GENERAL SURGERY	D'AVIS	AV289-0149
61K	THORACIC SURGERY	BARRY	AV586-2802
61L	PLASTIC SURGERY	SMITH	AV291-1564
61M	ORTHO FELLOW	TIPPENS	AV780-6464
61M	ORTHOPEDICS	TIPPENS	AV780-6464
61N	FLT SN (LONG)	JENKINS	AV558-6955
61N9D	FLT SN (SHORT)	JENKINS	AV558-6955
61P	PHYSIATRY	BELANDRES	AV291-1368
61Q	THER RADIOLOGY	DEWAN	AV357-6706
61R	DIAGNOSTIC RAD	HANSEN	AV433-6393
61U	PATHOLOGY	COPPIN	AV357-6814
61W	PERI VAS SN	CUBELLON	AV291-0760
61Z	NEUROSURGEON	BERGMAN	AV856-4105
62A	EMERGENCY MED	RICE	AV357-5079
62B	FIELD SURGEON	PERUGINI	AV289-0156
600A	PHYS ASST	KELLER	AV289-0141

MTF	66C PSYCHIATRIC AUTH	66C PSYCHIATRIC ASGD	66D PEDIATRIC AUTH	66D PEDIATRIC ASGD	66E OPERATING ROOM AUTH	66E OPERATING ROOM ASG	66F NURSE ANESTHETIST AUTH	66F NURSE ANESTHETIST ASGD	66G OB/GYN AUTH	66G OB/GYN ASGD	66H MEDICAL/SURGICAL AUTH	66H MEDICAL/SURGICAL ASGD	66J CLINICAL NURSE AUTH	66J CLINICAL NURSE ASGD
BAMC	7	2	25	16	21	22	9	7	6	6	152	108	18	52
DDEAMC	16	13	12	10	11	14	11	9	13	13	130	73	19	35
FAMC	6	4	25	26	16	16	13	10	15	12	113	81	11	39
LAMC	9	7	7	9	15	16	6	2	2	3	155	83	0	39
MAMC	3	2	31	13	15	16	14	9	9	12	69	61	19	24
TAMC	11	8	39	22	30	26	24	16	30	29	133	119	22	48
WRAMC	21	16	27	27	22	21	18	15	11	10	210	160	49	79
WBAMC	5	4	29	23	12	9	14	11	9	9	110	83	14	23
BELVOIR	0	0	5	3	7	7	5	4	7	5	22	22	6	5
BEN HARRISON	0	0	0	0	2	1	2	1	0	0	8	6	0	0
BENNING	3	3	3	3	6	6	6	4	6	8	30	19	6	14
BRAGG	2	4	6	6	6	6	6	6	8	9	40	35	3	2
CAMPBELL	2	3	7	6	4	4	6	4	9	9	18	11	2	9
CARSON	0	0	6	5	6	8	4	4	7	9	27	20	3	8
DEVENS	0	0	0	0	3	3	2	2	0	0	13	9	1	4
DIX	2	2	7	4	4	4	4	3	10	1	28	31	1	7
DRUM	0	0	0	0	1	0	1	0	0	0	6	5	0	1
EUSTIS	0	0	0	1	3	2	2	2	0	0	14	14	2	1
HOOD	5	5	15	7	8	11	11	8	18	12	30	24	8	16
HUACHUCA	1	0	3	2	3	3	2	2	1	1	17	13	6	7
IRWIN	0	0	5	0	2	2	2	2	10	4	12	10	0	1
JACKSON	4	2	4	3	4	3	4	4	6	5	30	26	6	3
KNOX	3	2	4	4	5	5	5	4	7	8	19	16	1	8
LEAVENWORTH	0	0	2	3	3	2	3	3	3	1	16	13	1	1
LEE	0	0	0	0	2	2	1	1	0	0	11	7	0	2
LEONARD WOOD	4	3	4	3	4	4	3	5	4	4	27	18	6	4
MCCLELLAN	0	0	0	0	3	4	2	2	7	4	18	12	4	5
MEADE	0	0	5	3	4	4	2	2	1	1	25	25	2	7
MONMOUTH	0	0	0	0	2	2	2	2	0	0	6	4	0	3
ORD	6	5	7	5	5	7	5	3	9	10	33	22	13	20
PANAMA	0	0	0	0	0	0	1	1	0	0	0	0	0	0
POLK	5	5	11	7	5	4	4	2	8	8	25	18	2	15
REDSTONE	0	0	1	1	2	2	1	2	0	0	8	8	0	1
RILEY	2	2	7	4	4	3	4	4	6	4	17	14	0	2
RUCKER	2	1	2	2	4	2	3	1	3	2	11	10	3	7
SILL	0	0	8	5	7	7	4	4	6	7	30	20	11	6
STEWART	2	2	8	6	7	5	4	3	6	7	27	26	4	9
WAINWRIGHT	0	0	4	5	4	3	2	2	8	7	25	22	4	0
WEST POINT	0	0	1	1	3	3	2	2	4	2	14	12	3	2

FORSCOM TO&E UNIT	ASGD	BREAKOUT BY AOC
41ST CSH FT SAM HOUSTON, TX	25	(2) 66F, (1) 66E, (19) 66H, (3) 66J
47TH CSH FT LEWIS, WA	28	(1) 66C, (4) 66E, (1) 66F, (20) 66H, (2) 66J
2D MASH FT BENNING, GA	18	(2) 66E, (1) 66G, (15) 66H
5TH MASH FT BRAGG, NC	12	(1) 66A, (1) 66D, (1) 66E, (1) 66F, (8) 66H
28TH CSH FT BRAGG, NC	14	(2) 66E, (1) 66F, (8) 66H, (3) 66J
86TH EVAC FT CAMPBELL, KY	16	(1) 66E, (1) 66F, (7) 66H, (6) 66J, (1) 66D
10TH MASH FT CARSON, CO	10	(1) 66A, (1) 66F, (1) 66E, (6) 66H, (1) 66J
21ST EVAC FT HOOD, TX	19	(3) 66D, (2) 66E, (1) 66F, (12) 66H, (1) 66J
42D FLD FT KNOX, KY	12	(1) 66E, (1) 66F, (10) 66H
85TH EVAC FT LEE, VA	4	(4) 66H
93D EVAC FT LEONARD WOOD, MO	16	(2) 66E, (1) 66F, (8) 66H, (5) 66J
8TH EVAC FT ORD, CA	18	(1) 66E, (1) 66F, (13) 66H, (3) 66J
15TH EVAC FT POLK, LA	10	(1) 66E, (1) 66F, (8) 66H
16TH MASH FT RILEY, KS	9	(1) 66F, (8) 66H
47TH FLD FT SILL, OK	11	(1) 66E, (1) 66F, (9) 66H

PA INFORMATION

The issue over commissioning PAs has caused some delay in separations due to retirement/resignation. Inaction by DA or Congressional Staff may add, in the short term, to the attrition rate. Of the 646 Required and 529 authorized PA slots, we will be short this year.

It appears that only about 434 PAs will be available to distribute. Projected break down is:

130	Europe
28	Korea
13	Hawaii
4	Panama
245	Between FORSCOM and HSC
14	Other
434	TOTAL

HSC's "share of the 245 listed above could range from 47 to 85 with a best guess of 75.

The "600" AOC Section of TAB B gives you our best guess for FY 91 Distribution. Some 31 of our 75 PAs are specialty trained. These PA specialists are "hidden" in the distribution scheme. BAMC, for example, is projected for 3 PAs next year; but 2 of them will be Perfusionist trained.

The Specialists are: Cardiac Perfusionists (14), Occupational Health (6), and Orthopedic (15).

Projected Distribution of Specialized PAs is as follows:

Cardiac Perfusionists: BAMC-4, TAMC-2, WRAMC-4, FAMC-2, LAMC-2.

Occupational Health: 1 each to MAMC, BRAGG, CAMPBELL, DRUM, HOOD, and ORD.

Orthopedic: BELVOIR, 2 BENNING, BRAGG, CAMPBELL, CARSON, EUSTIS, JACKSON, KNOX, LEE, LEONARD WOOD, PANAMA, POLK, STEWART AND ACAD OF HEALTH SCIENCES.

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CLINICAL MISSIONS
ALPHABETIZED

MISSION TITLE	RECORD NUMBER	CLINICAL MISSION CODE
ADOLESCENT PEDIATRICS	52	PED04
ADOLESCENT PSYCHIATRY	64	PSY03
ADULT NEUROLOGY	69	PSY08
ADULT PSYCHIARTY	63	PSY02
ALCOHOL/DRUG DETOXIFICATION	65	PSY04
ALLERG CLIN IMM SP 300-F4	136	TRA27
ALLERGY	17	MED06
ALLERGY EXTRACT PREP	18	MED07
AMOSIST TRAINING PH2 300-F3	135	TRA26
ANATOMICAL PATHOLOGY	44	PAT01
ANESTH FOR ANC OFF PH2 6F-66F	117	TRA08
ANESTHESIA	79	SUR02
ANESTHESIOLOGY MC RESIDENCY	183	TRC01
AREA VETERINARY LAB	48	PAT05
ARMY OT CLINICAL AFFIL PRGM	161	TRA52
AUDIOLOGY	107	SUR30
AURAL REHABILITATION	85	SUR08
AVIATION MED RES PRGM PH III	167	TRA58
AVIATION MEDICINE	39	OTH06
BLIND REHABILITATION	83	SUR06
BLOOD BANK FELLOWSHIP	126	TRA17
BLOOD DONOR CENTER	46	PAT03
BLOOD TRANSFUSION CENTER	47	PAT04
CARDIAC CATH LAB	15	MED04
CARDIAC SP PH2 303-91N10	141	TRA32
CARDIOLOGY	14	MED03
CARDIOVAS (NOT OPEN HEART)	93	SUR16
CARDIOVAS (OPEN HEART)	92	SUR15
CARDIOVAS TECH PH2 300-Y6	151	TRA42
CARDIOVASCULAR SURGE TECH (WO)	157	TRA48
CHILD NEUROLOGY	70	PSY09
CHILD ORTHOPEDIC MC RESIDENCY	196	TRC14
CLIN PSYCH INTERN/FELLOWSHIP	124	TRA15
CLINICAL INVESTIGATION SERVICE	37	OTH04
CLINICAL PASTORAL EDUCATION	127	TRA18
CLINICAL PATHOLOGY	45	PAT02
CLINICAL PSYCHOLOGY	71	PSY10
COMB MED/PED MC INTERNSHIP 61F	173	TRB01
COMBINED MED/PEDS MC RESIDENCY	188	TRC06
COMMUNITY MENTAL HLTH FELLOW	159	TRA50
CORNEAL TRANSPLANT	109	SUR32
CYTOLOGY SP 311-92E20	145	TRA36
DC RESIDENCY (TRE01-TRE08)	112	TRA03
DENTAL THER ASST 330-91E30	147	TRA38
DENTAL THERAPY ASST (CIVILIAN)	164	TRA55
DERMATOLOGY	16	MED05
DERMATOLOGY MC RESIDENCY	184	TRC02
DERMATOLOGY TECH D2	154	TRA45

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CLINICAL MISSIONS
ALPHABETIZED

MISSION TITLE	RECORD NUMBER	CLINICAL MISSION CODE
DEVELOPMENTAL PEDIATRICS	53	PED05
DIAGNOS RADIOLOGY MC RESIDENCY	203	TRC21
DIAGNOSTIC RADIOLOGY	75	RAD03
DIALYSIS TECHNICIAN 300-F2	134	TRA25
DIETARY COUNSELING	43	OTH10
DIETETIC INTERNSHIP	121	TRA12
EEG TECHNICIAN T6	155	TRA46
EKG TECHNICIAN Y6	156	TRA47
ELECTROENCEPHALOGRAPHY	67	PSY06
ELECTRONEUROMYOGRAPHY	68	PSY07
EMERGCY MED MC INTERNSHIP 62A	174	TRB02
EMERGENCY MED MC RESIDENCY	185	TRC03
EMERGENCY MED TECH (EMT)	149	TRA40
EMERGENCY MEDICINE	28	MED17
ENDOCRINOLOGY	24	MED13
ENDODONTIC DC RESIDENCY	251	TRE03
ENDODONTICS	2	DEN02
ENT SPECIALIST PH2 300-91U10	130	TRA21
EXCEPTIONAL FAMILY MEM PROGRAM	57	PED09
EYE SPECIALIST PH2 300-91Y10	132	TRA23
FAMILY PRAC MC INTERNSHIP 61H	175	TRB03
FAMILY PRACTICE	38	OTH05
FAMILY PRACTICE MC RESIDENCY	186	TRC04
FITTING OF HEARING AIDS	86	SUR09
FIXED PROSTHODONTICS	9	DEN09
FIXED PROSTHODONTICS RESIDENCY	252	TRE04
FLIGHT SURGEON BASIC COURSE	170	TRA61
FORENSIC PSYCHIATRY FELLOWSHIP	171	TRA62
GASTROENTEROLOGY	13	MED02
GENERAL DENTISTRY DC RESIDENCY	249	TRE01
GENERAL PEDIATRICS	49	PED01
GENERAL SURG MC INTERNSHIP 61J	176	TRB04
GENERAL SURGERY	90	SUR13
GENERAL SURGERY MC RESIDENCY	187	TRC05
GYNECOLOGY	31	OBG03
HAND SURGERY	99	SUR22
HEAD AND NECK	104	SUR27
HEALTH CARE ADMIN RES 6H-67A	128	TRA19
HEALTH PHYSICS	76	RAD04
HEALTH PSYCHOLOGY FELLOWSHIP	160	TRA51
HEALTH RISK APPRAISAL	40	OTH07
HEM/ONC PHARMACY RESID 6H-F21	118	TRA09
HEMATOLOGY	20	MED09
HEMODIALYSIS	22	MED11
HLTH PHYSICS SP PH2 311-91X20	153	TRA44
HOSPITAL PHARMACY RESIDENCY	123	TRA14
IMMUNOLOGY	19	MED08
INDUSTRIAL HYGIENE	41	OTH08

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CLINICAL MISSIONS
ALPHABETIZED

MISSION TITLE	RECORD NUMBER	CLINICAL MISSION CODE
INFECTIOUS DISEASE	26	MED15
INTENSIVE CARE NURSING (6F-F5)	158	TRA49
INTERNAL MED MC INTERNSHIP 61F	177	TRB05
INTERNAL MEDICINE	27	MED16
INTERNAL MEDICINE MC RESIDENCY	208	TRC26
INTERVERTEBRAL DISC	97	SUR20
LASER	81	SUR04
MAGNETIC RESONANCE IMAGING	77	RAD05
MAXILLOFACIAL SURGERY	103	SUR26
MC FELLOWSHIP ADOLESCENT MED	209	TRD01
MC FELLOWSHIP ALLERGY	210	TRD02
MC FELLOWSHIP ANGIOGRAPHY	211	TRD03
MC FELLOWSHIP CARDIOLOGY	212	TRD04
MC FELLOWSHIP CHEM/DERM SURG	213	TRD05
MC FELLOWSHIP CHILD & ADOL PSY	214	TRD06
MC FELLOWSHIP CHILD NEUROLOGY	215	TRD07
MC FELLOWSHIP CRIT CARE MED	216	TRD08
MC FELLOWSHIP CYTOPATHOLOGY	217	TRD09
MC FELLOWSHIP DEV PEDIATRICS	218	TRD10
MC FELLOWSHIP EEG/EMG	219	TRD11
MC FELLOWSHIP EEG/EMG NEUROPHY	220	TRD12
MC FELLOWSHIP ENDOCRINOLOGY	221	TRD13
MC FELLOWSHIP FAC DEV RESEARCH	222	TRD14
MC FELLOWSHIP GASTROENTEROLOGY	223	TRD15
MC FELLOWSHIP GEN INTERNAL MED	224	TRD16
MC FELLOWSHIP GYN-ENDOCRINOLOG	225	TRD17
MC FELLOWSHIP GYN-ONCOLOGY	226	TRD18
MC FELLOWSHIP HAND SURGERY	247	TRD39
MC FELLOWSHIP HEMA/ONCOLOGY	248	TRD40
MC FELLOWSHIP IMAGING/CT ULTRA	227	TRD19
MC FELLOWSHIP INFECTIOUS DIS	228	TRD20
MC FELLOWSHIP MATERN&FETAL MED	229	TRD21
MC FELLOWSHIP NEONATOLOGY	230	TRD22
MC FELLOWSHIP NEPHROLOGY	231	TRD23
MC FELLOWSHIP NEURO OPTHAL	232	TRD24
MC FELLOWSHIP NEURO RADIOLOGY	233	TRD25
MC FELLOWSHIP NUCLEAR MEDICINE	234	TRD26
MC FELLOWSHIP PED ENDOCRINOLOG	235	TRD27
MC FELLOWSHIP PED GASTRO	236	TRD28
MC FELLOWSHIP PED HEMA/ONCOL	237	TRD29
MC FELLOWSHIP PED INFEC DIS	238	TRD30
MC FELLOWSHIP PERIPH VAS SURG	239	TRD31
MC FELLOWSHIP PLASTIC SURGERY	240	TRD32
MC FELLOWSHIP PSYCHOSOMATIC	241	TRD33
MC FELLOWSHIP PULMONARY DIS	242	TRD34
MC FELLOWSHIP RENAL TRANSPLANT	243	TRD35
MC FELLOWSHIP RETINAL SURGERY	244	TRD36
MC FELLOWSHIP RHEUMATOLOGY	245	TRD37

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CLINICAL MISSIONS
ALPHABETIZED

MISSION TITLE	RECORD NUMBER	CLINICAL MISSION CODE
MC FELLOWSHIP THORACIC SURGERY	246	TRD38
MC INTERNSHIP (TRB01-TRB10)	110	TRA01
MC PRESP SURG TRAINING UROLOGY	207	TRC25
MC RESIDENCY/FELLOWSHIP TRC/D	111	TRA02
MEDICAL TECHNOLOGY 6H-68F	144	TRA35
MEDICAL TECHNOLOGY (311-F2)	162	TRA53
NEONATAL INTENSIVE CARE	50	PED02
NEPHROLOGY	21	MED10
NEUROLOGY	66	PSY05
NEUROLOGY MC INTERNSHIP 60V	178	TRB06
NEUROLOGY MC RESIDENCY	189	TRC07
NEUROMUSCULOSKELETAL EVALUAT	61	PHY04
NEUROPSYCHOLOGY FELLOWSHIP	169	TRA60
NEUROSURGERY	89	SUR12
NEUROSURGERY MC RESIDENCY	190	TRC08
NUCLEAR MED SP (HM 8416) 91W10	148	TRA39
NUCLEAR MEDICINE	73	RAD01
NUCLEAR PHARM RESIDENCY 6H-F19	116	TRA07
NUCLEAR/CHEMICAL OPERATIONS	42	OTH09
NURS PRAC OB/GYN 6F-F4	120	TRA11
NURS PRACT ADULT MED 6F-66H	119	TRA10
NURS PRACT PEDIATRICS 6F-66D	114	TRA05
NURSE CLINICIAN AMB CARE	163	TRA54
NURSE MIDWIFERY	165	TRA56
NURSE MIDWIFERY	33	OBG05
OB-GYN MC INTERNSHIP 60J	179	TRB07
OB-GYN MC RESIDENCY	191	TRC09
OBSTETRICS	29	OBG01
OCCUPAT THER SP PH2 303-91L10	140	TRA31
OCCUPATIONAL MED MC RESIDENCY	192	TRC10
OCCUPATIONAL MEDICINE	35	OTH02
OCCUPATIONAL THERAPY	59	PHY02
OCULAR PROSTHESIS	82	SUR05
ONCOLOGY	23	MED12
OPERATING RM SP PH2 301-91D10	137	TRA28
OPERATING ROOM NURSE 6F-66E	115	TRA06
OPTHALMOLOGY	80	SUR03
OPTHALMOLOGY MC RESIDENCY	193	TRC11
OPTOMETRY	105	SUR28
ORAL AND MAXILLOFACIAL SURGERY	4	DEN04
ORAL MEDICINE	11	DEN11
ORAL PATHOLOGY	10	DEN10
ORAL SURGERY DC RESIDENCY	256	TRE08
ORGAN TRANSPLANT	102	SUR25
ORTHO SURGERY MC RESIDENCY	195	TRC13
ORTHODONTICS	6	DEN06
ORTHODONTICS DC RESIDENCY	255	TRE07
ORTHOPEDIC PROSTHETICS	100	SUR23

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CLINICAL MISSIONS
ALPHABETIZED

MISSION TITLE		RECORD NUMBER	CLINICAL MISSION CODE
ORTHOPEDIC SP	304-91H10	143	TRA34
ORTHOPEDIC SURGERY		95	SUR18
ORTHOPEDICS MC RESIDENCY		194	TRC12
ORTHOTIC SP PH2	304-42C10	142	TRA33
OTOLARYNGOLOGY MC RESIDENCY		197	TRC15
OTORHINOLARYNGOLOGY		84	SUR07
PATHOLOGY MC RESIDENCY		198	TRC16
PEDIATRIC CARDIOLOGY		54	PED06
PEDIATRIC ENDOCRINOLOGY		51	PED03
PEDIATRIC NEUROLOGY		56	PED08
PEDIATRIC SURGERY		55	PED07
PEDIATRICS MC INTERNSHIP	60P	180	TRB08
PEDIATRICS MC RESIDENCY		199	TRC17
PEDODONTICS		5	DEN05
PEDODONTICS DC RESIDENCY		254	TRE06
PERINATOLOGY		30	OBG02
PERIODONTIC DC RESIDENCY		250	TRE02
PERIODONTICS		7	DEN07
PERIPHERAL VASCULAR SURGERY		101	SUR24
PHARMACY INTERNSHIP TRNG PRGM		166	TRA57
PHYSIATRY		58	PHY01
PHYSICAL MEDICINE MC RESIDENCY		200	TRC18
PHYSICAL THER SP PH2	303-91J10	139	TRA30
PHYSICAL THERAPY		60	PHY03
PHYSICIAN ASSIST PH2	6H0011A	150	TRA41
PLASTIC SURGERY		94	SUR17
PODIATRY		106	SUR29
PODIATRY RESIDENCY		172	TRA63
PRACTICAL NURSE COURSE	91C30	129	TRA20
PREVENTIVE DENTISTRY		1	DEN01
PREVENTIVE MEDICINE		34	OTH01
PSYCH & MENT HLTH NUR	6F-66C	113	TRA04
PSYCHIATRIC SP PH2	302-91F10	138	TRA29
PSYCHIATRY		62	PSY01
PSYCHIATRY MC INTERNSHIP	60W	181	TRB09
PSYCHIATRY MC RESIDENCY		201	TRC19
PUBLIC HEALTH MC RESIDENCY		202	TRC20
PUBLIC HEALTH RESIDENCY		168	TRA59
PULMONARY DISEASE		12	MED01
RADIATION THERAPY		74	RAD02
RADN/ONCOLOGY MC RESIDENCY		205	TRC23
REMOV PROSTHODONTICS RESIDENCY		253	TRE05
REMOVABLE PROSTHODONTICS		8	DEN08
RESIDENTIAL TREATMENT FACILITY		36	OTH03
RESP SPECIALIST	300-91V10	131	TRA22
RESTORATIVE DENTISTRY		3	DEN03
RHEUMATOLOGY		25	MED14
SAME DAY SURGERY		96	SUR19

CLINICAL MISSIONS
ALPHABETIZED

MISSION TITLE	RECORD NUMBER	CLINICAL MISSION CODE
SF AIDMAN(ABN) PH2 300-F1	133	TRA24
SOC WRK ADV PRG FAMILY STUDIES	125	TRA16
SOCIAL WORK	72	PSY11
SPEECH PATHOLOGY	87	SUR10
SPEECH THERAPY	88	SUR11
THERAP RADIOLOGY MC RESIDENCY	204	TRC22
THERAPEUTIC ABORTION BOARD	32	OBG04
THORACIC SURGERY	91	SUR14
TOTAL JOINT PROSTHESIS	98	SUR21
TRANSITIONAL MC INTERNSHIP 60E	182	TRB10
TRAUMA SURGERY	108	SUR31
UROLOGY	78	SUR01
UROLOGY MC RESIDENCY	206	TRC24
UROLOGY PROCEDURES 300-F12	152	TRA43
USA/BAYLOR PT CLIN EXP 6H-66B	122	TRA13
X-RAY SP PH2 313-91P10	146	TRA37

Record#	FACNUM	FNAME	TOT_MWU	TOT_PROV	AVG_PROV
1	20.0	BEN HARRI	3721.80	29.13	127.77
2	10.0	BELVOIR	15563.90	118.10	131.79
3	30.0	MONMOUTH	5049.50	36.70	137.59
4	25.0	LEAVENWOR	6730.60	48.40	139.06
5	34.0	REDSTONE	5772.20	40.83	141.37
6	32.0	PANAMA	13073.30	90.00	145.26
7	16.0	DRUM	4288.40	29.00	147.88
8	36.0	RUCKER	8682.70	57.73	150.40
9	39.0	WEST POIN	7258.60	48.20	150.59
10	15.0	DEVENS	6749.10	43.80	154.09
11	29.0	MEADE	18634.20	120.40	154.77
12	4.0	LAMC	26431.80	157.80	167.50
13	27.0	LEONARD W	18979.40	111.42	170.34
14	38.0	STEWART	12995.10	75.00	173.27
15	28.0	MCCLELLAN	9880.80	56.50	174.88
16	23.0	JACKSON	16574.00	92.34	179.49
17	18.0	EUSTIS	9504.70	51.66	183.99
18	21.0	HUACHUCA	7516.20	40.70	184.67
19	2.0	DDEAMC	35225.50	186.96	188.41
20	9.0	ALASKA	6981.30	36.50	191.27
21	37.0	SILL	17659.40	91.95	192.05
22	26.0	LEE	9804.20	49.70	197.27
23	66.0	HSC AVG	741365.10	3729.31	198.79
24	17.0	DIX	14156.80	71.20	198.83
25	3.0	FAMC	40440.40	200.80	201.40
26	31.0	ORD	20064.90	98.90	202.88
27	14.0	CARSON	20096.60	95.31	210.86
28	8.0	WRAMC	71534.60	338.90	211.08
29	22.0	IRWIN	3780.40	17.60	214.80
30	33.0	POLK	13489.90	61.80	218.28
31	12.0	BRAGG	35053.00	159.28	220.07
32	5.0	MAMC	45265.10	202.60	223.42
33	6.0	TAMC	48867.60	217.17	225.02
34	35.0	RILEY	15872.20	68.70	231.04
35	19.0	HOOD	32772.10	138.99	235.79
36	7.0	WBAMC	42045.00	171.11	245.72
37	24.0	KNOX	22438.00	90.80	247.11
38	11.0	BENNING	26622.70	102.08	260.80
39	13.0	CAMPBELL	21789.10	81.25	268.17

Record#	FACNUM	FNAME	SSI	TOTAL	SPEC_MWU	MWU_PROV
793	28.0	MCCLELLAN	61H	0.0		0.00
794	9.0	ALASKA	61H	0.0		0.00
95	40.0	AHS STAFF	61H	1.0		0.00
796	7.0	WBAMC	61H	6.0	0.00	0.00
797	4.1	SIERRA	61H	0.0		0.00
798	29.1	ABERDEEN	61H	0.0		0.00
799	2.2	MCPHERSON	61H	4.0		0.00
800	4.0	LAMC	61H	0.0		0.00
801	37.2	PINE BLUF	61H	1.0		0.00
802	8.3	RADER	61H	0.0		0.00
803	6.1	SCHOFIELD	61H	10.0		0.00
804	8.2	PENTAGON	61H	0.0		0.00
805	2.1	BUCHANAN	61H	2.0		0.00
806	3.1	DUGWAY	61H	0.0		0.00
807	9.2	RICHARDSO	61H	0.0		0.00
808	15.0	DEVENS	61H	3.0		0.00
809	31.1	HUNTER LI	61H	0.0		0.00
810	10.2	VINT HILL	61H	1.0		0.00
811	42.0	HDQ HSC	61H	0.0		0.00
812	8.0	WRAMC	61H	21.4	0.00	0.00
813	3.3	TOOELE	61H	0.0		0.00
814	32.1	COCO SOLO	61H	0.0		0.00
815	29.2	CARLISLE	61H	5.0		0.00
816	19.0	HOOD	61H	1.3		0.00
817	36.0	RUCKER	61H	0.0		0.00
818	29.3	DETRICK	61H	3.0		0.00
819	21.0	HUACHUCA	61H	0.0		0.00
820	30.0	MONMOUTH	61H	0.0		0.00
21	27.4	SHERIDAN	61H	0.0		0.00
822	29.5	NEW CUMBE	61H	0.0		0.00
823	29.6	RICHIE	61H	2.0		0.00
824	26.0	LEE	61H	0.0		0.00
825	18.0	EUSTIS	61H	0.0		0.00
826	9.1	GREELY	61H	0.0		0.00
827	27.2	ST LOUIS	61H	0.0		0.00
828	31.2	MONTERREY	61H	4.0		0.00
829	10.0	BELVOIR	61H	33.0	2070.90	62.75
830	16.0	DRUM	61H	13.0	991.50	76.27
831	39.0	WEST POIN	61H	4.0	543.20	135.80
832	17.0	DIX	61H	3.0	431.70	143.90
833	35.0	RILEY	61H	6.9	1004.10	145.52
834	34.0	REDSTONE	61H	7.3	1119.10	153.30
835	22.0	IRWIN	61H	4.0	695.40	173.85
836	14.0	CARSON	61H	6.0	1076.60	179.43
837	38.0	STEWART	61H	7.0	1293.20	184.74
838	25.0	LEAVENWOR	61H	3.0	653.70	217.90
839	12.0	BRAGG	61H	21.0	5053.90	240.66
840	5.0	MAMC	61H	10.0	2437.30	243.73
841	33.0	POLK	61H	15.8	4053.50	256.55
842	31.0	ORD	61H	14.0	3649.30	260.66
843	13.0	CAMPBELL	61H	9.0	2451.00	272.33
844	11.0	BENNING	61H	17.0	4689.20	275.84
845	2.0	DDEAMC	61H	19.0	5298.30	278.86
846	20.0	BEN HARRI	61H	3.0	838.40	279.47
847	37.0	SILL	61H	23.7	7358.10	310.47
848	32.0	PANAMA	61H	1.0	383.80	383.80
849	27.0	LEONARD W	61H	6.0	2353.80	392.30
850	6.0	TAMC	61H	2.2	1599.20	730.23

851	29.0	MEADE	61H		0.0	355.70 999999.99

FACNUM	FNAME	SSI	# PROV	SPEC MWU	TOT MWU	TOT PROV	MWU/PROV	AVG PROV
1.0	BAMC	00B	1.0				0	
1.0	BAMC	600	2.0				0	
1.0	BAMC	60A	2.0				0	
1.0	BAMC	60B	2.0				0	
1.0	BAMC	60C	1.0				0	
1.0	BAMC	60D	0.0				ERR	
1.0	BAMC	60F	4.0				0	
1.0	BAMC	60G	6.0				0	
1.0	BAMC	60H	9.0				0	
1.0	BAMC	60J	11.0				0	
1.0	BAMC	60K	3.0				0	
1.0	BAMC	60L	7.0				0	
1.0	BAMC	60M	2.0				0	
1.0	BAMC	60N	22.0				0	
1.0	BAMC	60P	21.0				0	
1.0	BAMC	60Q	1.0				0	
1.0	BAMC	60R	1.0				0	
1.0	BAMC	60S	6.0				0	
1.0	BAMC	60T	3.0				0	
1.0	BAMC	60U	0.0				ERR	
1.0	BAMC	60V	3.0				0	
1.0	BAMC	60W	8.0				0	
1.0	BAMC	61A	3.0				0	
1.0	BAMC	61B	7.0				0	
1.0	BAMC	61C	1.0				0	
1.0	BAMC	61D	2.0				0	
1.0	BAMC	61F	21.0				0	
1.0	BAMC	61G	4.0				0	
1.0	BAMC	61J	6.0				0	
1.0	BAMC	61K	4.0				0	
1.0	BAMC	61L	2.0				0	
1.0	BAMC	61M	7.0				0	
1.0	BAMC	61N	1.0				0	
1.0	BAMC	61P	2.0				0	
1.0	BAMC	61Q	3.0				0	
1.0	BAMC	61R	10.0				0	
1.0	BAMC	61U	12.0				0	
1.0	BAMC	61W	1.0				0	
1.0	BAMC	61Z	7.0				0	
1.0	BAMC	62A	11.0				0	
1.0	BAMC	62B	15.0				0	
1.0	BAMC	8N	1.0				0	
1.0	BAMC	CC	1.0			236	0	
2.0	DDEAMC	00B	1.0				0	
2.0	DDEAMC	600	7.0				0	
2.0	DDEAMC	60A	1.0				0	
2.0	DDEAMC	60B	2.0				0	
2.0	DDEAMC	60C	1.0	105.8			105.8	
	DDEAMC	60D		157.6			ERR	
2.0	DDEAMC	60F	2.0	210.6			105.3	
2.0	DDEAMC	60G	3.0	1185.3			395.1	
2.0	DDEAMC	60H	4.0	719.0			179.75	
2.0	DDEAMC	60J	8.0	3842.2			480.275	
2.0	DDEAMC	60K	3.0	1021.4			340.4666	
2.0	DDEAMC	60L	2.5	329.5			131.8	

2.0	DDEAMC	60M	2.0	78.5			39.25	
2.0	DDEAMC	60N	16.4				0	
2.0	DDEAMC	60P	13.0	2122.5			163.2692	
2.0	DDEAMC	60Q	0.0				ERR	
2.0	DDEAMC	60S	1.2	382.5			318.75	
2.0	DDEAMC	60T	2.0	679.5			339.75	
2.0	DDEAMC	60U	2.0	159.3			79.65	
2.0	DDEAMC	60V	2.2	245.2			111.4545	
2.0	DDEAMC	60W	8.0	1736.0			217	
2.0	DDEAMC	61A	1.0	290.5			290.5	
2.0	DDEAMC	61B	3.0	928.8			309.6	
2.0	DDEAMC	61C	2.0	322.3			161.15	
2.0	DDEAMC	61D	2.0	125.0			62.5	
2.0	DDEAMC	61F	4.7	4092.2			870.6808	
2.0	DDEAMC	61G	2.0	59.8			29.9	
2.0	DDEAMC	61H	19.0	5298.3			278.8578	
2.0	DDEAMC	61J	3.0	2915.9			971.9666	
2.0	DDEAMC	61K	1.4	349.7			253.4057	
2.0	DDEAMC	61L	1.0	217.0			217	
2.0	DDEAMC	61M	5.0	2913.6			582.72	
	DDEAMC	61N		6.6			ERR	
2.0	DDEAMC	61P	2.0	67.5			33.75	
2.0	DDEAMC	61R	7.0				0	
2.0	DDEAMC	61U	7.0				0	
2.0	DDEAMC	61W	1.0				0	
2.0	DDEAMC	61Z	2.0	378.8			189.4	
2.0	DDEAMC	62A	5.5	1425.9			259.2545	
2.0	DDEAMC	62B	11.0	2858.7	35225.5	186.96	259.8818	188.4119
2.0	DDEAMC	BN	1.0				0	
2.0	DDEAMC	CC	2.0				0	
2.1	BUCHANAN	60A	1.0				0	
2.1	BUCHANAN	60P	0.0				ERR	
2.1	BUCHANAN	61H	2.0				0	
2.1	BUCHANAN	61R	1.0				0	
2.1	BUCHANAN	62B	1.0				0	
2.2	MCPHERSON	60A	1.0				0	
2.2	MCPHERSON	60D	1.0				0	
2.2	MCPHERSON	60J	1.0				0	
2.2	MCPHERSON	60P	1.0				0	
2.2	MCPHERSON	60V	0.1				0	
2.2	MCPHERSON	61F	2.0				0	
2.2	MCPHERSON	61H	4.0				0	
2.2	MCPHERSON	61N	1.0				0	
2.2	MCPHERSON	61R	0.0				ERR	
2.2	MCPHERSON	62B	7.0				0	
3.0	FAMC	00B	1.0				0	
3.0	FAMC	600	2.0				0	
3.0	FAMC	60A	1.0				0	
3.0	FAMC	60B	2.0				0	
3.0	FAMC	60C	1.0	234.5			234.5	
3.0	FAMC	60D	0.0	268.2			ERR	
3.0	FAMC	60F	4.2	825.4			196.5238	
3.0	FAMC	60G	4.0	1754.8			438.7	
3.0	FAMC	60H	5.3	2913.0			549.6226	
3.0	FAMC	60J	12.2	4239.6			347.5081	
3.0	FAMC	60K	3.0	1595.2			531.7333	

3.0 FAMC	60L	4.0	538.8			134.7	
3.0 FAMC	60M	4.0	89.3			22.325	
3.0 FAMC	60N	21.8				0	
3.0 FAMC	60P	20.0	4684.4			234.22	
3.0 FAMC	60Q	0.4				0	
3.0 FAMC	60R	1.2				0	
3.0 FAMC	60S	6.2	1626.7			262.3709	
3.0 FAMC	60T	3.2	1243.5			388.5937	
3.0 FAMC	60U	2.0	82.3			41.15	
3.0 FAMC	60V	3.0	387.8			129.2666	
3.0 FAMC	60W	2.5	655.4			262.16	
3.0 FAMC	61A	2.0	1057.4			528.7	
3.0 FAMC	61B	3.0	995.3			331.7666	
3.0 FAMC	61C	5.0	723.9			144.78	
3.0 FAMC	61D	3.0	652.1			217.3666	
3.0 FAMC	61F	9.0	2659.1			295.4555	
3.0 FAMC	61G	3.0	535.5			178.5	
3.0 FAMC	61J	5.0	2215.2			443.04	
3.0 FAMC	61K	3.0	425.5			141.8333	
3.0 FAMC	61L	3.1	945.7			305.0645	
3.0 FAMC	61M	5.2	3957.5			761.0576	
3.0 FAMC	61P	4.5				0	
3.0 FAMC	61Q	3.0				0	
3.0 FAMC	61R	8.0				0	
3.0 FAMC	61U	10.0				0	
3.0 FAMC	61W	0.0				ERR	
3.0 FAMC	61Z	2.0	1191.0			595.5	
3.0 FAMC	62A	7.0	1914.0			273.4285	
3.0 FAMC	62B	15.0	2029.3	40440.4	200.8	135.2866	201.3964
3.0 FAMC	BN	1.0				0	
3.0 FAMC	DC	0.0				ERR	
3.1 DUGWAY	61H	0.0				ERR	
3.1 DUGWAY	62B	3.0				0	
3.3 TOOELE	60C	0.0				ERR	
3.3 TOOELE	60D	1.0				0	
3.3 TOOELE	61H	0.0				ERR	
3.3 TOOELE	62B	1.0				0	
4.0 LAMC	00B	1.0				0	
4.0 LAMC	60O	0.0				ERR	
4.0 LAMC	60A	2.0				0	
4.0 LAMC	60B	3.0				0	
4.0 LAMC	60C	1.0	87.6			87.6	
4.0 LAMC	60D	0.0	424.3			ERR	
4.0 LAMC	60F	1.0	597.0			597	
4.0 LAMC	60G	3.0	788.4			262.8	
4.0 LAMC	60H	5.0	2484.5			496.9	
4.0 LAMC	60J	5.0	576.8			115.36	
4.0 LAMC	60K	4.0	1371.5			342.875	
4.0 LAMC	60L	2.0	801.3			400.65	
4.0 LAMC	60M	2.0	325.8			162.9	
4.0 LAMC	60N	10.0				0	
4.0 LAMC	60P	6.0	633.8			105.6333	
4.0 LAMC	60Q	0.0				ERR	
4.0 LAMC	60R	0.0				ERR	
4.0 LAMC	60S	9.0	1339.5			148.8333	
4.0 LAMC	60T	2.0	657.3			328.65	

4.0 LAMC	60U	3.0	133.1			44.36666	
4.0 LAMC	60V	5.0	1296.7			259.34	
4.0 LAMC	60W	12.0	1083.7			90.30833	
4.0 LAMC	61A	2.0	400.7			200.35	
4.0 LAMC	61B	6.0	1533.5			255.5833	
4.0 LAMC	61C	1.0	189.7			189.7	
4.0 LAMC	61D	0.0	111.2			ERR	
4.0 LAMC	61F	10.0	2359.9			235.99	
4.0 LAMC	61G	1.0	8.5			8.5	
4.0 LAMC	61H	0.0				ERR	
4.0 LAMC	61J	3.0	2290.1			763.3666	
4.0 LAMC	61K	3.0	1010.2			336.7333	
4.0 LAMC	61L	2.0	498.0			249	
4.0 LAMC	61M	5.3	2340.3			441.5660	
4.0 LAMC	61N	2.0	47.1			23.55	
4.0 LAMC	61P	2.0				0	
4.0 LAMC	61Q	2.0				0	
4.0 LAMC	61R	9.5				0	
4.0 LAMC	61U	5.0				0	
4.0 LAMC	61W	1.0				0	
4.0 LAMC	61Z	3.0	829.0			276.3333	
4.0 LAMC	62A	5.0	588.8			117.76	
4.0 LAMC	62B	13.0	1623.5	26431.8	157.8	124.8846	167.5019
4.0 LAMC	BN	2.0				0	
4.0 LAMC	CC	2.0				0	
4.1 SIERRA	61H	0.0				ERR	
4.3 SIERRA	62B	2.0				0	
5.0 MAMC	00B	1.0				0	
5.0 MAMC	600	1.0				0	
5.0 MAMC	60A	1.0				0	
5.0 MAMC	60B	2.0				0	
5.0 MAMC	60C	2.0	297.4			148.7	
5.0 MAMC	60D	1.0	162.1			162.1	
5.0 MAMC	60F	3.0	509.7			169.9	
5.0 MAMC	60G	3.0	1907.8			635.9333	
5.0 MAMC	60H	4.0	1519.9			379.975	
5.0 MAMC	60J	9.0	7622.0			846.8888	
5.0 MAMC	60K	3.0	1421.5			473.8333	
5.0 MAMC	60L	3.0	288.5			96.16666	
5.0 MAMC	60M	2.0	217.7			108.85	
5.0 MAMC	60N	16.0				0	
5.0 MAMC	60P	19.1	5333.1			279.2198	
5.0 MAMC	60Q	1.0				0	
5.0 MAMC	60R	1.0				0	
5.0 MAMC	60S	4.0	578.5			144.625	
5.0 MAMC	60T	4.0	1777.9			444.475	
5.0 MAMC	60U	1.0	38.9			38.9	
5.0 MAMC	60V	3.0	287.9			95.96666	
5.0 MAMC	60W	5.0	1488.6			297.72	
5.0 MAMC	61A	1.0	348.6			348.6	
5.0 MAMC	61B	6.0	1257.5			209.5833	
5.0 MAMC	61C	4.0	295.9			73.975	
5.0 MAMC	61D	2.0	162.6			81.3	
5.0 MAMC	61F	13.0	3562.1			274.0076	
5.0 MAMC	61G	2.0	130.7			65.35	
5.0 MAMC	61H	10.0	2437.3			243.73	

5.0	MAMC	61J	6.0	2367.4			394.5666	
5.0	MAMC	61K	1.0	540.3			540.3	
5.0	MAMC	61L	2.0	379.0			189.5	
5.0	MAMC	61M	6.0	2616.0			436	
5.0	MAMC	61N		94.2			ERR	
5.0	MAMC	61P	2.0				0	
5.0	MAMC	61Q	2.0	0.0			0	
5.0	MAMC	61R	13.5				0	
5.0	MAMC	61U	5.0				0	
5.0	MAMC	61W	3.0				0	
5.0	MAMC	61Z	2.0	755.8			377.9	
5.0	MAMC	62A	9.0	2101.9			233.5444	
5.0	MAMC	62B	19.0	4764.3			250.7526	
5.0	MAMC	8N	1.0				0	
5.0	MAMC	CC	2.0		45265.1	202.6	0	223.4210
5.1	UMATILLA	62B	1.0				0	
5.2	YAKIMA	61N	0.0				ERR	
5.2	YAKIMA	62B	1.0				0	
6.0	TAMC	00B	1.0				0	
6.0	TAMC	60O	1.0				0	
6.0	TAMC	60A	1.0				0	
6.0	TAMC	60B	2.0				0	
6.0	TAMC	60C	1.0	529.4			529.4	
	TAMC	60D		327.2			ERR	
6.0	TAMC	60F	3.0	226.3			75.43333	
6.0	TAMC	60G	3.0	1218.4			406.1333	
6.0	TAMC	60H	4.0	1337.2			334.3	
6.0	TAMC	60J	12.0	10299.2			858.2666	
6.0	TAMC	60K	5.0	1017.9			203.58	
6.0	TAMC	60L	2.0	213.3			106.65	
6.0	TAMC	60M	2.0	130.8			65.4	
6.0	TAMC	60N	20.0				0	
6.0	TAMC	60P	16.2	7121.5			439.5987	
6.0	TAMC	60Q	1.0				0	
6.0	TAMC	60R	1.0				0	
6.0	TAMC	60S	6.2	476.4			76.83870	
6.0	TAMC	60T	10.0	1461.0			146.1	
6.0	TAMC	60U	2.0	193.2			96.6	
6.0	TAMC	60V	3.0	267.1			89.03333	
6.0	TAMC	60W	17.3	2907.3			168.5391	
6.0	TAMC	61A	2.0	347.5			173.75	
6.0	TAMC	61B	5.0	615.2			123.04	
6.0	TAMC	61C	2.0	162.3			81.15	
6.0	TAMC	61D	1.0	76.7			76.7	
6.0	TAMC	61F	12.0	2443.0			203.5833	
6.0	TAMC	61G	2.0	205.3			102.65	
6.0	TAMC	61H	2.2	1599.2			730.2283	
6.0	TAMC	61J	4.2	3203.9			762.8333	
6.0	TAMC	61K	2.0	319.2			159.6	
6.0	TAMC	61L	2.0	518.5			259.25	
6.0	TAMC	61M	16.0	4031.2			251.95	
6.0	TAMC	61N	0.0	285.1			ERR	
6.0	TAMC	61P	2.0	0.0			0	
6.0	TAMC	61Q	2.0				0	
6.0	TAMC	61R	10.0				0	
6.0	TAMC	61U	7.0				0	

6.0	TAMC	61W	0.1				0	
6.0	TAMC	61Z	2.0	606.4			303.2	
6.0	TAMC	62A	7.0	3173.7			453.3857	
6.0	TAMC	62B	5.0	3554.2			710.84	
6.0	TAMC	3N	1.0				0	
6.0	TAMC	CC	1.0		48867.6	217.17	0	225.0200
6.1	SCHOFIELD	60A	0.0				ERR	
6.1	SCHOFIELD	60P	1.0				0	
6.1	SCHOFIELD	60W	1.0				0	
6.1	SCHOFIELD	61F	0.0				ERR	
6.1	SCHOFIELD	61H	10.0				0	
6.1	SCHOFIELD	61N	1.0				0	
6.1	SCHOFIELD	61R	0.0				ERR	
6.1	SCHOFIELD	62A	0.0				ERR	
6.1	SCHOFIELD	62B	3.0				0	
7.0	WBAMC	00B	1.0				0	
7.0	WBAMC	600	0.0				ERR	
7.0	WBAMC	60A	1.0				0	
7.0	WBAMC	60B	3.0				0	
7.0	WBAMC	60C	3.0	392.0			130.6666	
7.0	WBAMC	60D	0.0	243.9			ERR	
7.0	WBAMC	60F	2.0	304.0			152	
7.0	WBAMC	60G	4.0	454.4			113.6	
7.0	WBAMC	60H	3.0	1806.9			602.3	
7.0	WBAMC	60J	8.3	9861.4			1183.841	
7.0	WBAMC	60K	3.0	1048.3			349.4333	
7.0	WBAMC	60L	2.1	245.0			117.7884	
7.0	WBAMC	60M	2.0	135.5			67.75	
7.0	WBAMC	60N	16.0				0	
7.0	WBAMC	60P	20.0	4737.5			236.875	
7.0	WBAMC	60Q	1.0				0	
7.0	WBAMC	60R	0.0				ERR	
7.0	WBAMC	60S	5.0	668.2			133.64	
7.0	WBAMC	60T	2.0	496.3			248.15	
7.0	WBAMC	60U	0.0	0.0			ERR	
7.0	WBAMC	60V	3.0	428.6			142.8666	
7.0	WBAMC	60W	7.0	1770.5			252.9285	
7.0	WBAMC	61A	2.0	491.8			245.9	
7.0	WBAMC	61B	2.0	922.1			461.05	
7.0	WBAMC	61C	2.0	290.0			145	
7.0	WBAMC	61D	1.2	187.8			156.5	
7.0	WBAMC	61F	11.0	4935.6			448.6909	
7.0	WBAMC	61G	2.0	202.9			101.45	
7.0	WBAMC	61H	6.0	0.0			0	
7.0	WBAMC	61J	5.0	2531.1			506.22	
7.0	WBAMC	61K	1.0	301.3			301.3	
7.0	WBAMC	61L	3.0	826.0			275.3333	
7.0	WBAMC	61M	9.0	2096.5			232.9444	
7.0	WBAMC	61N	1.0	41.8			41.8	
7.0	WBAMC	61P	2.0	0.0			0	
7.0	WBAMC	61R	6.0				0	
7.0	WBAMC	61U	6.0				0	
7.0	WBAMC	61W	1.0				0	
7.0	WBAMC	61Z	3.0	497.8			165.9333	
7.0	WBAMC	62A	5.5	925.7			168.3090	
7.0	WBAMC	62B	13.0	5202.1			400.1615	

7.0	WBAMC	8N	0.0		42045	171.11	ERR	245.7191
7.0	WBAMC	CC	0.0				ERR	
7.1	MCAFEE	62B	3.0				0	
8.0	WRAMC	00B	0.0				0	
8.0	WRAMC	600	8.0				0	
8.0	WRAMC	60A	1.0				0	
8.0	WRAMC	60B	4.0				0	
8.0	WRAMC	60C	1.0	549.7			549.7	
8.0	WRAMC	60D	2.0	1557.9			778.95	
8.0	WRAMC	60F	8.0	609.4			76.175	
8.0	WRAMC	60G	6.0	5465.3			910.8833	
8.0	WRAMC	60H	12.0	3392.5			282.7083	
8.0	WRAMC	60J	12.1	6644.1			549.0991	
8.0	WRAMC	60K	4.0	3433.2			858.3	
8.0	WRAMC	60L	7.0	827.8			118.2571	
8.0	WRAMC	60M	4.0	226.5			56.625	
8.0	WRAMC	60N	30.0				0	
8.0	WRAMC	60P	22.0	5288.9			240.4045	
8.0	WRAMC	60Q	3.0				0	
8.0	WRAMC	60R	3.0				0	
8.0	WRAMC	60S	6.0	1935.8			322.6333	
8.0	WRAMC	60T	4.0	3035.0			758.75	
8.0	WRAMC	60U	4.0	202.9			50.725	
8.0	WRAMC	60V	7.0	2264.1			323.4428	
8.0	WRAMC	60W	12.3	4172.1			339.1951	
8.0	WRAMC	61A	3.0	1336.8			445.6	
8.0	WRAMC	61B	12.0	2884.6			240.3833	
8.0	WRAMC	61C	9.0	1041.3			115.7	
8.0	WRAMC	61D	7.0	508.3			72.61428	
8.0	WRAMC	61F	21.0	8459.2			402.8190	
8.0	WRAMC	61G	5.0	420.5			84.1	
8.0	WRAMC	61H	21.4	0.0			0	
8.0	WRAMC	61J	11.0	3992.6			362.9636	
8.0	WRAMC	61K	3.0	2215.3			738.4333	
8.0	WRAMC	61L	4.0	1052.0			263	
8.0	WRAMC	61M	4.0	3930.6			982.65	
8.0	WRAMC	61N	1.0	15.5			15.5	
8.0	WRAMC	61P	5.0	0.0			0	
8.0	WRAMC	61Q	5.0				0	
8.0	WRAMC	61R	16.1				0	
8.0	WRAMC	61U	12.0				0	
8.0	WRAMC	61W	2.0				0	
8.0	WRAMC	61Z	6.0	1915.8			319.3	
8.0	WRAMC	62A	3.0	862.9			287.6333	
8.0	WRAMC	62B	13.0	3294.0			253.3846	
8.0	WRAMC	8N	2.0		71534.6	338.9	0	211.0787
8.0	WRAMC	CC	0.0				ERR	
8.2	PENTAGON	60A	1.0				0	
8.2	PENTAGON	60L	0.0				ERR	
8.2	PENTAGON	61F	1.0				0	
8.2	PENTAGON	61H	0.0				ERR	
8.2	PENTAGON	61N	1.0				0	
8.2	PENTAGON	62B	3.0				0	
8.3	RADER	60A	1.0				0	
8.3	RADER	60D	0.0				ERR	
8.3	RADER	60J	0.0				ERR	

8.3	RADER	60L	0.0				ERR	
8.3	RADER	60P	0.0				ERR	
8.3	RADER	61F	0.0				ERR	
8.3	RADER	61H	0.0				ERR	
8.3	RADER	61M	0.0				ERR	
8.3	RADER	62B	5.0				0	
9.0	ALASKA	60O	2.0				0	
9.0	ALASKA	60A	2.0				0	
9.0	ALASKA	60C	1.0	303.6			303.6	
	ALASKA	60D		99.5			ERR	
9.0	ALASKA	60J	3.0	1033.1			344.3666	
9.0	ALASKA	60K	0.0				ERR	
9.0	ALASKA	60N	3.0				0	
9.0	ALASKA	60P	3.0	935.8			311.9333	
9.0	ALASKA	60S	0.0	5.6			ERR	
9.0	ALASKA	60T	1.0	308.9			308.9	
	ALASKA	60U		0.0			ERR	
	ALASKA	60V		2.2			ERR	
9.0	ALASKA	60W	0.0	287.7			ERR	
9.0	ALASKA	61F	2.5	494.5			197.8	
9.0	ALASKA	61H	0.0				ERR	
9.0	ALASKA	61J	2.0	496.5			248.25	
9.0	ALASKA	61M	3.0	667.0			222.3333	
	ALASKA	61N		136.6			ERR	
9.0	ALASKA	61R	1.0				0	
9.0	ALASKA	61U	1.0				0	
9.0	ALASKA	62A	3.0	587.8	.		195.9333	
9.0	ALASKA	62B	3.0	1622.5	6981.3	36.5	540.8333	191.2684
9.1	GREELY	60O	0.0				ERR	
9.1	GREELY	61H	0.0				ERR	
9.1	GREELY	61N	1.0				0	
9.1	GREELY	62B	2.0				0	
9.2	RICHARDSO	60O	1.0				0	
9.2	RICHARDSO	61H	0.0				ERR	
9.2	RICHARDSO	61N	1.0				0	
9.2	RICHARDSO	62B	1.0				0	
10.0	BELVOIR	60O	2.0				0	
10.0	BELVOIR	60A	2.0				0	
	BELVOIR	60C		95.0			ERR	
10.0	BELVOIR	60D	1.0	169.9			169.9	
10.0	BELVOIR	60H	1.0	48.9			48.9	
10.0	BELVOIR	60J	11.6	2115.2			182.3448	
10.0	BELVOIR	60K	2.0	365.0			182.5	
10.0	BELVOIR	60L	2.0	237.0			118.5	
10.0	BELVOIR	60M	1.0	154.2			154.2	
10.0	BELVOIR	60N	6.0				0	
10.0	BELVOIR	60P	7.0	1747.7			249.6714	
10.0	BELVOIR	60S	3.0	117.0			39	
10.0	BELVOIR	60T	1.0	0.0			0	
10.0	BELVOIR	60U	0.0	0.0			ERR	
10.0	BELVOIR	60V	1.5	96.2			64.13333	
10.0	BELVOIR	60W	3.0	340.0			113.3333	
10.0	BELVOIR	61F	7.0	1932.8			276.1142	
10.0	BELVOIR	61H	33.0	2070.9			62.75454	
10.0	BELVOIR	61J	5.0	1169.4			233.88	
10.0	BELVOIR	61M	6.0	1381.8			230.3	

10.0	BELVOIR	61N	1.0	72.6			72.6	
10.0	BELVOIR	61R	3.0				0	
10.0	BELVOIR	61U	2.0				0	
10.0	BELVOIR	62A	4.0	1590.5			1590.5	
10.0	BELVOIR	62B	15.0	1859.8	15563.9	118.1	123.9866	131.7857
10.1	A P HILL	62B	0.0				ERR	
10.2	VINT HILL	61H	1.0				0	
11.0	BENNING	60O	9.0				0	
11.0	BENNING	60A	2.0				0	
11.0	BENNING	60B	0.0				ERR	
11.0	BENNING	60C	1.0	376.0			376	
11.0	BENNING	60D	0.0	258.8			ERR	
11.0	BENNING	60F	0.0	1608.5			ERR	
11.0	BENNING	60G	1.2	155.1			129.25	
11.0	BENNING	60H	0.1	246.5			2465	
11.0	BENNING	60J	7.0	3252.2			464.6	
11.0	BENNING	60K	2.0	528.4			264.2	
11.0	BENNING	60L	1.0	95.8			95.8	
11.0	BENNING	60M	1.0	49.4			49.4	
11.0	BENNING	60N	7.0				0	
11.0	BENNING	60P	8.0	2055.5			256.9375	
11.0	BENNING	60S	2.3	379.0			168.4444	
11.0	BENNING	60T	1.0	348.0			348	
11.0	BENNING	60U	0.0	0.0			ERR	
11.0	BENNING	60V	1.2	113.5			94.58333	
11.0	BENNING	60W	5.7	637.2			111.2041	
11.0	BENNING	61B	0.0	61.1			ERR	
11.0	BENNING	61F	9.0	2541.7			282.4111	
	BENNING	61G		128.4			ERR	
11.0	BENNING	61H	17.0	4689.2			275.8352	
11.0	BENNING	61J	4.0	964.1			241.025	
11.0	BENNING	61M	4.3	1935.2			450.0465	
11.0	BENNING	61N	2.0	127.2			63.6	
11.0	BENNING	61R	2.0				0	
11.0	BENNING	61U	3.0				0	
11.0	BENNING	62A	1.0	1631.5			1631.5	
11.0	BENNING	62B	10.3	4440.4	26622.7	102.08	431.1067	260.8023
12.0	BRAGG	60O	9.0				0	
12.0	BRAGG	60A	2.0				0	
12.0	BRAGG	60B	0.1				0	
12.0	BRAGG	60C	2.0	286.9			143.45	
12.0	BRAGG	60D	0.0	683.1			ERR	
12.0	BRAGG	60F	1.0	21.1			21.1	
12.0	BRAGG	60G	1.3	89.7			69	
12.0	BRAGG	60H	1.4	347.3			251.6666	
12.0	BRAGG	60J	8.0	3522.7			440.3375	
12.0	BRAGG	60K	2.0	536.4			268.2	
12.0	BRAGG	60L	1.0	265.5			265.5	
12.0	BRAGG	60M	1.0	78.3			78.3	
12.0	BRAGG	60N	11.0				0	
12.0	BRAGG	60P	10.0	3578.0			357.8	
12.0	BRAGG	60S	5.0	598.8			119.76	
12.0	BRAGG	60T	2.0	781.0			390.5	
12.0	BRAGG	60U	1.0	0.0			0	
12.0	BRAGG	60V	9.0	135.7			15.07777	
12.0	BRAGG	60W	5.0	1621.3			324.26	

12.0	BRAGG	61B	2.0	147.8			73.9	
	BRAGG	61C		0.5			ERR	
12.0	BRAGG	61F	10.0	2781.6			278.16	
	BRAGG	61G		536.9			ERR	
12.0	BRAGG	61H	21.0	5053.9			240.6619	
12.0	BRAGG	61J	6.0	2335.6			389.2666	
12.0	BRAGG	61M	9.0	3193.6			354.8444	
12.0	BRAGG	61N	2.0	432.9			216.45	
12.0	BRAGG	61P	1.0	27.9			27.9	
12.0	BRAGG	61R	5.0				0	
12.0	BRAGG	61U	4.0				0	
12.0	BRAGG	61Z	0.0				ERR	
12.0	BRAGG	62A	5.5	2143.0			389.6363	
12.0	BRAGG	62B	22.0	5853.5	35053	159.28	266.0681	220.0715
13.0	CAMPBELL	60O	4.0				0	
13.0	CAMPBELL	60A	2.0				0	
13.0	CAMPBELL	60C	1.0	378.5			378.5	
13.0	CAMPBELL	60D	1.0	249.9			249.9	
13.0	CAMPBELL	60J	10.0	2833.8			283.38	
13.0	CAMPBELL	60K	1.0	598.5			598.5	
13.0	CAMPBELL	60L	1.0	176.4			176.4	
13.0	CAMPBELL	60M	1.0	30.9			30.9	
13.0	CAMPBELL	60N	1.0				0	
13.0	CAMPBELL	60P	9.3	2230.3			239.8172	
13.0	CAMPBELL	60S	1.0	115.6			115.6	
13.0	CAMPBELL	60T	2.0	377.1			188.55	
13.0	CAMPBELL	60U	1.0	0.0			0	
13.0	CAMPBELL	60V	0.0	1.8			ERR	
13.0	CAMPBELL	60W	2.0	1187.7			593.85	
13.0	CAMPBELL	61B	1.0				0	
13.0	CAMPBELL	61F	7.0	1694.9			242.1285	
13.0	CAMPBELL	61H	9.0	2451.0			272.3333	
13.0	CAMPBELL	61J	4.0	1134.5			283.625	
13.0	CAMPBELL	61M	4.0	1498.1			374.525	
13.0	CAMPBELL	61N	1.0	373.5			373.5	
	CAMPBELL	61P		97.9			ERR	
13.0	CAMPBELL	61R	3.0				0	
13.0	CAMPBELL	61U	2.0				0	
13.0	CAMPBELL	62A	6.5	1527.6			235.0153	
13.0	CAMPBELL	62B	6.5	4831.1	21789.1	81.25	749.0077	268.1735
14.0	CARSON	60O	0.0				ERR	
14.0	CARSON	60A	2.0				0	
14.0	CARSON	60C	1.0	688.5			688.5	
	CARSON	60D		421.7			ERR	
14.0	CARSON	60F	0.4	0.0			0	
14.0	CARSON	60G	0.3	101.2			337.3333	
14.0	CARSON	60H	0.6	73.5			122.5	
14.0	CARSON	60J	10.2	3341.4			327.5882	
14.0	CARSON	60K	1.0	563.3			563.3	
14.0	CARSON	60L	1.0	194.6			194.6	
14.0	CARSON	60M	1.0	36.2			36.2	
14.0	CARSON	60N	7.0				0	
14.0	CARSON	60P	15.0	1845.1			123.0066	
14.0	CARSON	60Q	0.4				0	
14.0	CARSON	60S	3.7	241.2			65.54347	
14.0	CARSON	60T	1.7	332.8			192.3699	

14.0	CARSON	60U	0.0	105.0			ERR	
14.0	CARSON	60V	0.0	0.0			ERR	
14.0	CARSON	60W	4.2	857.1			204.0714	
14.0	CARSON	61B	1.5	53.6			35.73333	
14.0	CARSON	61F	9.1	1736.7			190.8461	
14.0	CARSON	61H	6.0	1076.6			179.4333	
14.0	CARSON	61J	5.0	1987.0			397.4	
14.0	CARSON	61M	5.2	1524.4			293.1538	
14.0	CARSON	61N	0.0	233.0			ERR	
14.0	CARSON	61R	1.0				0	
14.0	CARSON	61U	2.0				0	
14.0	CARSON	62A	3.0	1824.1			608.0333	
14.0	CARSON	62B	13.0	2859.6	20096.6	95.31	219.9692	210.8551
15.0	DEVENS	60A	2.0				0	
15.0	DEVENS	60C	0.0	205.4			ERR	
15.0	DEVENS	60D	1.0	81.9			81.9	
15.0	DEVENS	60J	0.4	164.9			412.25	
15.0	DEVENS	60K	2.0	212.1			106.05	
15.0	DEVENS	60L	1.0	103.4			103.4	
15.0	DEVENS	60M	0.2	80.4			402	
15.0	DEVENS	60N	3.0				0	
15.0	DEVENS	60P	3.0	504.5			168.1666	
15.0	DEVENS	60S	1.0	248.3			248.3	
15.0	DEVENS	60T	0.2	75.2			376	
15.0	DEVENS	60V	0.2	17.7			88.5	
15.0	DEVENS	60W	1.0	369.7			369.7	
15.0	DEVENS	61F	4.0	1446.1			361.525	
15.0	DEVENS	61H	3.0				0	
15.0	DEVENS	61J	2.1	555.7			264.6190	
15.0	DEVENS	61M	3.0	617.5			205.8333	
15.0	DEVENS	61N	1.0	10.1			10.1	
15.0	DEVENS	61R	1.5				0	
15.0	DEVENS	61U	1.0				0	
15.0	DEVENS	62A	4.2	645.2			153.6190	
15.0	DEVENS	62B	9.0	1411.0	6749.1	43.8	156.7777	154.0890
16.0	DRUM	60D	1.0				0	
16.0	DRUM	60A	1.0				0	
16.0	DRUM	60C	0.0	180.1			ERR	
16.0	DRUM	60D	1.5	372.9			248.6	
16.0	DRUM	60H	0.0				ERR	
16.0	DRUM	60J	0.5	61.8			123.6	
16.0	DRUM	60L	0.3	52.8			176	
16.0	DRUM	60M	0.0				ERR	
16.0	DRUM	60P	0.0	4.6			ERR	
16.0	DRUM	60T	0.5				0	
16.0	DRUM	60W	0.0	266.7			ERR	
16.0	DRUM	61H	13.0	991.5			76.26923	
16.0	DRUM	61M	1.5	177.5			118.3333	
	DRUM	61N		10.0			ERR	
16.0	DRUM	61P	1.0				0	
16.0	DRUM	61R	1.5				0	
16.0	DRUM	62A	4.2	683.1			162.6428	
16.0	DRUM	62B	1.0	1487.4	4288.4	29	1487.4	147.8758
16.1	SENECA	62B	2.0				0	
17.0	DIX	60D	3.0				0	
17.0	DIX	60A	2.0				0	

17.0	DIX	60C	1.0	209.8			209.8	
17.0	DIX	60D	1.0	237.4			237.4	
17.0	DIX	60F	0.0	0.0			ERR	
17.0	DIX	60G	0.0	0.0			ERR	
17.0	DIX	60H	0.5	153.4			306.8	
17.0	DIX	60J	4.0	598.4			149.6	
17.0	DIX	60K	1.0	467.9			467.9	
17.0	DIX	60L	1.0	185.4			185.4	
17.0	DIX	60M	1.0	60.3			60.3	
17.0	DIX	60N	6.0				0	
17.0	DIX	60P	9.0	700.9			77.87777	
17.0	DIX	60R	0.0				ERR	
17.0	DIX	60S	4.0	242.6			60.65	
17.0	DIX	60T	0.0	0.4			ERR	
17.0	DIX	60V	1.0	91.7			91.7	
17.0	DIX	60W	2.0	768.2			384.1	
17.0	DIX	61F	7.0	3171.5			453.0714	
17.0	DIX	61H	3.0	431.7			143.9	
17.0	DIX	61J	3.0	913.0			304.3333	
17.0	DIX	61M	4.0	1178.1			294.525	
17.0	DIX	61N	2.0	11.1			5.55	
	DIX	61P		42.3			ERR	
17.0	DIX	61R	2.5				0	
17.0	DIX	61U	1.0				0	
17.0	DIX	62A	1.0	967.3			967.3	
17.0	DIX	62B	11.2	3725.4	14156.8	71.2	332.625	198.8314
18.0	EUSTIS	60D	0.0				ERR	
18.0	EUSTIS	60A	2.0				0	
	EUSTIS	60C	0.0	450.3			ERR	
	EUSTIS	60D	0.0	109.5			ERR	
18.0	EUSTIS	60F	0.1	7.5			75	
18.0	EUSTIS	60H	0.1	0.1			1	
18.0	EUSTIS	60J	0.6	393.7			656.1666	
18.0	EUSTIS	60K	1.3	299.3			239.44	
18.0	EUSTIS	60L	1.0	215.8			215.8	
	EUSTIS	60M	0.0	29.7			ERR	
18.0	EUSTIS	60N	3.0				0	
18.0	EUSTIS	60P	7.8	918.0			118.2989	
18.0	EUSTIS	60S	1.1	7.9			7.181818	
18.0	EUSTIS	60T	1.0	491.7			468.2857	
18.0	EUSTIS	60W	1.5	452.2			301.4666	
18.0	EUSTIS	61F	4.0	1435.2			358.8	
18.0	EUSTIS	61H	0.0				ERR	
18.0	EUSTIS	61J	2.2	491.8			223.5454	
18.0	EUSTIS	61M	3.0	595.9			198.6333	
18.0	EUSTIS	61N	1.0	100.8			100.8	
18.0	EUSTIS	61R	2.0				0	
18.0	EUSTIS	61U	1.0				0	
18.0	EUSTIS	62A	0.0	1231.5			ERR	
18.0	EUSTIS	62B	14.0	2273.8	9504.7	51.66	162.4142	183.9856
18.1	MONROE	60A	1.0				0	
18.1	MONROE	61N	1.0				0	
18.1	MONROE	62B	3.0				0	
19.0	HOOD	60D	2.0				0	
19.0	HOOD	60A	2.0				0	
19.0	HOOD	60B	1.0				0	

19.0	HOOD	60C	1.0	616.8			616.8	
19.0	HOOD	60D	2.0	1184.4			592.2	
19.0	HOOD	60F	0.0	113.0			ERR	
19.0	HOOD	60G	0.2	83.9			419.5	
19.0	HOOD	60H	0.0	204.1			4082	
19.0	HOOD	60J	20.6	7402.2			359.3300	
19.0	HOOD	60K	2.4	289.8			120.75	
19.0	HOOD	60L	1.2	209.8			174.8333	
19.0	HOOD	60M	1.8	208.0			115.5555	
19.0	HOOD	60N	12.2				0	
19.0	HOOD	60P	21.1	4545.4			215.4218	
19.0	HOOD	60R	0.1				0	
19.0	HOOD	60S	2.2	273.9			124.5	
19.0	HOOD	60T	1.5	471.2			324.9655	
19.0	HOOD	60U	0.3	72.7			242.3333	
19.0	HOOD	60V	1.6	302.1			188.8125	
19.0	HOOD	60W	3.0	1727.4			575.8	
19.0	HOOD	61B	0.0	255.2			ERR	
	HOOD	61D	0.0	18.5			ERR	
19.0	HOOD	61F	14.6	2728.4			186.8767	
19.0	HOOD	61H	1.3				0	
19.0	HOOD	61J	5.1	1736.5			340.4901	
19.0	HOOD	61M	7.0	2541.8			363.1142	
19.0	HOOD	61N	4.0	852.8			213.2	
19.0	HOOD	61P	1.0				0	
19.0	HOOD	61R	4.0				0	
19.0	HOOD	61U	3.0				0	
19.0	HOOD	62A	9.0	1964.1			218.2333	
19.0	HOOD	62B	13.8	4970.1	32772.1	138.99	360.1521	235.7874
20.0	BEN HARRI	60A	1.0				0	
	BEN HARRI	60C	0.0	119.7			ERR	
20.0	BEN HARRI	60D	0.0	130.6			ERR	
20.0	BEN HARRI	60J	2.0	145.2			72.6	
20.0	BEN HARRI	60L	1.0	13.1			13.1	
20.0	BEN HARRI	60M	0.0				ERR	
20.0	BEN HARRI	60N	0.0				ERR	
20.0	BEN HARRI	60P	4.0	282.1			70.525	
20.0	BEN HARRI	60S	2.2				0	
20.0	BEN HARRI	60T	1.0	202.7			202.7	
20.0	BEN HARRI	60W	3.0	98.9			32.96666	
20.0	BEN HARRI	61F	2.0	224.4			112.2	
20.0	BEN HARRI	61H	3.0	838.4			279.4666	
20.0	BEN HARRI	61J	1.3	367.1			293.68	
20.0	BEN HARRI	61M	0.2	87.7			487.2222	
20.0	BEN HARRI	61N	1.0	4.9			4.9	
20.0	BEN HARRI	61R	0.5				0	
20.0	BEN HARRI	62A	4.0	784.9			196.225	
20.0	BEN HARRI	62B	3.0	422.1	3721.8	29.13	140.7	127.7651
21.0	HUACHUCA	60D	0.0				ERR	
21.0	HUACHUCA	60A	1.0				0	
21.0	HUACHUCA	60C	0.0	44.5			ERR	
	HUACHUCA	60D	0.0	200.8			ERR	
	HUACHUCA	60H	0.0	46.2			ERR	
21.0	HUACHUCA	60J	3.5	1142.0			326.2857	
21.0	HUACHUCA	60K	0.2	45.7			228.5	
21.0	HUACHUCA	60L	0.0	2.7			ERR	

21.0	HUACHUCA	60M	1.0	61.0			61	
21.0	HUACHUCHA	60M	0.1				0	
21.0	HUACHUCA	60N	3.0				0	
21.0	HUACHUCA	60P	3.0	760.8			253.6	
21.0	HUACHUCA	60S	0.0	4.7			ERR	
21.0	HUACHUCA	60T	0.2	163.9			819.5	
21.0	HUACHUCA	60U	0.0				ERR	
21.0	HUACHUCA	60W	0.0	420.1			ERR	
21.0	HUACHUCA	61F	5.0	930.6			186.12	
21.0	HUACHUCA	61H	0.0				ERR	
21.0	HUACHUCA	61J	5.0	724.0			144.8	
21.0	HUACHUCA	61M	1.7	645.2			379.5294	
21.0	HUACHUCA	61N	2.0	67.7			33.85	
	HUACHUCA	61P	0.0	22.5			ERR	
21.0	HUACHUCA	61R	1.0				0	
21.0	HUACHUCA	61U	1.0				0	
21.0	HUACHUCA	62A	0.0	636.1			ERR	
21.0	HUACHUCA	62B	11.0	1597.7	7516.2	40.7	145.2454	184.6732
21.1	YUMA	61N	1.0				0	
21.1	YUMA	62B	1.0				0	
22.0	IRWIN	60A	1.0				0	
	IRWIN	60C	0.0	197.8			ERR	
	IRWIN	60D	0.0	25.8			ERR	
22.0	IRWIN	60J	2.0	381.4			190.7	
	IRWIN	60M	0.0	2.1			ERR	
22.0	IRWIN	60P	1.0	216.4			216.4	
	IRWIN	60T	0.0	0.1			ERR	
22.0	IRWIN	60W	1.0	232.8			232.8	
22.0	IRWIN	61F	1.0	389.9			389.9	
22.0	IRWIN	61H	4.0	695.4			173.85	
22.0	IRWIN	61J	1.0	391.4			391.4	
22.0	IRWIN	61M	0.0	15.2			ERR	
	IRWIN	61N	0.0	25.8			ERR	
	IRWIN	61P	0.0	12.6			ERR	
22.0	IRWIN	61R	0.4				0	
22.0	IRWIN	62A	3.2	473.6			148	
22.0	IRWIN	62B	3.0	720.1	3780.4	17.6	240.0333	214.7954
23.0	JACKSON	60O	6.0				0	
23.0	JACKSON	60A	2.0				0	
23.0	JACKSON	60B	1.0				0	
23.0	JACKSON	60C	1.0	285.1			285.1	
	JACKSON	60D	0.0	85.2			ERR	
	JACKSON	60F	0.0	3311.2			ERR	
23.0	JACKSON	60G	2.2	48.7			21.74107	
23.0	JACKSON	60H	1.0	24.9			24.9	
23.0	JACKSON	60J	6.6	1019.8			154.5151	
23.0	JACKSON	60K	2.0	293.0			146.5	
23.0	JACKSON	60L	2.0	271.4			135.7	
23.0	JACKSON	60M	1.0	58.4			58.4	
23.0	JACKSON	60N	6.2				0	
23.0	JACKSON	60P	7.0	946.1			135.1571	
23.0	JACKSON	60S	2.0	261.4			130.7	
23.0	JACKSON	60T	1.0	324.6			324.6	
23.0	JACKSON	60U	1.0	46.2			46.2	
23.0	JACKSON	60V	0.0	0.0			ERR	
23.0	JACKSON	60W	8.3	873.5			105.2409	

23.0	JACKSON	61B	1.0	491.0			491	
23.0	JACKSON	61F	9.0	1818.4			202.0444	
23.0	JACKSON	61J	3.0	981.8			327.2666	
23.0	JACKSON	61M	5.0	967.5			193.5	
23.0	JACKSON	61N	1.0	23.3			23.3	
23.0	JACKSON	61P	0.0	153.4			ERR	
23.0	JACKSON	61R	2.0				0	
23.0	JACKSON	61U	1.0				0	
23.0	JACKSON	61W	0.0				ERR	
23.0	JACKSON	62A	7.0	1183.2			169.0285	
23.0	JACKSON	62B	13.0	3105.9	16574	92.34	238.9153	179.4888
24.0	KNOX	60D	7.0				0	
24.0	KNOX	60A	2.0				0	
24.0	KNOX	60B	0.0				ERR	
24.0	KNOX	60C	1.0	871.5			871.5	
24.0	KNOX	60D	0.0	366.7			ERR	
24.0	KNOX	60F	0.0	0.0			ERR	
24.0	KNOX	60G	0.0	0.0			ERR	
	KNOX	60H	0.0	13.2			ERR	
24.0	KNOX	60J	6.0	2462.1			410.35	
24.0	KNOX	60K	2.0	339.8			169.9	
24.0	KNOX	60L	1.0	188.1			188.1	
24.0	KNOX	60M	0.0	75.1			ERR	
24.0	KNOX	60N	7.0				0	
24.0	KNOX	60P	9.0	2036.0			226.2222	
24.0	KNOX	60S	4.0	179.5			44.875	
24.0	KNOX	60T	1.0	386.4			386.4	
24.0	KNOX	60V	1.0	131.6			131.6	
24.0	KNOX	60W	4.0	988.3			247.075	
24.0	KNOX	61F	8.0	3109.1			388.6375	
24.0	KNOX	61J	3.0	1588.2			529.4	
24.0	KNOX	61M	4.0	1651.3			412.825	
24.0	KNOX	61N	1.0	98.5			98.5	
	KNOX	61P	0.0	161.8			ERR	
24.0	KNOX	61R	4.0				0	
24.0	KNOX	61U	2.0				0	
24.0	KNOX	62A	5.8	1509.7			260.2931	
24.0	KNOX	62B	18.0	6281.1	22438	90.8	348.95	247.1145
24.1	BLUE GRAS	60D	0.0				ERR	
24.1	BLUE GRAS	62B	0.0				ERR	

FACNUM	FNAME	SSI	# PROV	SPEC MWU	TOT MWU	TOT PROV	MWU/PROV	AVG PROV
	LEAVENWOR	600	3.0				0	
25.0	LEAVENWOR	60A	2.0				0	
	LEAVENWOR	60C	0.0	279.8			ERR	
	LEAVENWOR	60D	0.0	136.1			ERR	
25.0	LEAVENWOR	60F	0.3				0	
25.0	LEAVENWOR	60J	3.2	205.4			65.20634	
25.0	LEAVENWOR	60K	0.3	139.9			466.3333	
25.0	LEAVENWOR	60L	0.0				ERR	
	LEAVENWOR	60M	0.0	39.2			ERR	
25.0	LEAVENWOR	60N	3.0				0	
25.0	LEAVENWOR	60P	6.0	467.1			77.85	
25.0	LEAVENWOR	60S	3.0	199.9			66.63333	
25.0	LEAVENWOR	60T	0.2	120.1			600.5	
25.0	LEAVENWOR	60V	0.2				0	
25.0	LEAVENWOR	60W	5.0	107.8			21.56	
25.0	LEAVENWOR	61F	4.0	969.5			242.375	
25.0	LEAVENWOR	61H	3.0	653.7			217.9	
25.0	LEAVENWOR	61J	3.0	410.1			136.7	
25.0	LEAVENWOR	61M	2.3	510.1			221.7826	
25.0	LEAVENWOR	61N	0.0				ERR	
25.0	LEAVENWOR	61R	0.0				ERR	
25.0	LEAVENWOR	61U	1.0				0	
	LEAVENWOR	62A	0.0	547.7			ERR	
25.0	LEAVENWOR	62B	9.0	1944.2	6730.6	48.4	216.0222	139.0619
26.0	LEE	600	4.0				0	
26.0	LEE	60A	2.0				0	
	LEE	60C	0.0	98.6			ERR	
26.0	LEE	60D	0.0	234.0			ERR	
	LEE	60H	0.0	20.7			ERR	
26.0	LEE	60J	2.4	483.9			201.625	
26.0	LEE	60K	0.2	61.1			305.5	
26.0	LEE	60L	1.0	104.1			104.1	
	LEE	60M	0.0	12.8			ERR	
26.0	LEE	60N	3.0				0	
26.0	LEE	60P	7.0	445.0			63.57142	
26.0	LEE	60S	4.0	174.0			43.5	
26.0	LEE	60T	0.3	85.6			285.3333	
26.0	LEE	60W	1.0	322.4			322.4	
26.0	LEE	61F	5.0	3239.0			647.8	
26.0	LEE	61H	0.0				ERR	
26.0	LEE	61J	3.0	802.2			267.4	
26.0	LEE	61M	2.0	1081.1			540.55	
26.0	LEE	61N	0.0	3.0			ERR	
	LEE	61P	0.0	57.9			ERR	
26.0	LEE	61R	1.0				0	
26.0	LEE	61U	1.0				0	
26.0	LEE	62A	2.8	763.4			272.6428	
26.0	LEE	62B	10.0	1815.4	9804.2	49.7	181.54	197.2676
27.0	LEONARD	W600	6.0				0	
27.0	LEONARD	W60A	2.0				0	
27.0	LEONARD	W60B	1.0				0	
27.0	LEONARD	W60C	6.0	375.6			62.6	
27.0	LEONARD	W60D	2.0	1019.7			509.85	
	LEONARD	W60F	0.0	33.6			ERR	
27.0	LEONARD	W60G	1.0	156.1			156.1	

27.0	LEONARD W60H	0.0	266.8			5336	
27.0	LEONARD W60J	6.1	1511.8			249.4719	
27.0	LEONARD W60K	1.1	408.0			384.9056	
27.0	LEONARD W60L	1.0	243.5			243.5	
27.0	LEONARD W60M	1.0	56.8			56.8	
27.0	LEONARD W60N	6.0				0	
27.0	LEONARD W60P	8.0	1004.4			125.55	
27.0	LEONARD W60S	4.0	215.1			53.775	
27.0	LEONARD W60T	1.2	285.3			237.75	
27.0	LEONARD W60U	0.0	0.0			ERR	
27.0	LEONARD W60V	0.2	14.1			70.5	
27.0	LEONARD W60W	10.5	831.0			79.14285	
27.0	LEONARD W61B	0.3	2.6			10.4	
27.0	LEONARD W61F	6.5	1540.8			237.0461	
27.0	LEONARD W61H	6.0	2353.8			392.3	
27.0	LEONARD W61J	3.0	916.6			305.5333	
27.0	LEONARD W61M	6.0	1340.0			223.3333	
27.0	LEONARD W61N	1.0	44.7			44.7	
	LEONARD W61P	0.0	91.1			ERR	
27.0	LEONARD W61R	3.5				0	
27.0	LEONARD W61U	2.0				0	
27.0	LEONARD W62A	1.0	942.3			942.3	
27.0	LEONARD W62B	16.1	5325.7	18979.4	111.42	330.7888	170.3410
27.1	ROCK ISLA61R	0.0				ERR	
27.1	ROCK ISLA62B	2.0				0	
27.2	ST LOUIS 60A	1.0				0	
27.2	ST LOUIS 60D	0.0				ERR	
27.2	ST LOUIS 60P	0.0				ERR	
27.2	ST LOUIS 61H	0.0				ERR	
27.2	ST LOUIS 61N	1.0				0	
27.2	ST LOUIS 61R	0.0				ERR	
27.2	ST LOUIS 62B	1.0				0	
27.3	SELFRIDGE60D	0.0				ERR	
27.3	SELFRIDGE61R	0.0				ERR	
27.3	SELFRIDGE62B	1.0				0	
27.4	SHERIDAN 60A	1.0				0	
27.4	SHERIDAN 61H	0.0				ERR	
27.4	SHERIDAN 61N	1.0				0	
27.4	SHERIDAN 62B	1.0				0	
28.0	MCCLELLAN60D	1.0				0	
28.0	MCCLELLAN60A	2.0				0	
28.0	MCCLELLAN60C	3.0	412.0			137.3333	
28.0	MCCLELLAN60D	2.0	558.2			279.1	
	MCCLELLAN60F	0.0	675.6			ERR	
28.0	MCCLELLAN60J	5.0	968.0			193.6	
28.0	MCCLELLAN60K	0.3				0	
	MCCLELLAN60L	0.0	14.2			ERR	
	MCCLELLAN60M	0.0	10.3			ERR	
28.0	MCCLELLAN60N	2.0				0	
28.0	MCCLELLAN60P	5.0	699.9			139.98	
28.0	MCCLELLAN60S	3.0				0	
28.0	MCCLELLAN60T	0.1				0	
28.0	MCCLELLAN60W	3.0	316.4			105.4666	
28.0	MCCLELLAN61B	0.1	19.4			194	
28.0	MCCLELLAN61F	6.0	2102.8			350.4666	
28.0	MCCLELLAN61H	0.0				ERR	

28.0	MCCLELLAN	61J	2.0	1233.5			616.75	
28.0	MCCLELLAN	61M	3.0	660.5			220.1666	
28.0	MCCLELLAN	61N	0.0	6.2			ERR	
28.0	MCCLELLAN	61R	0.5				0	
28.0	MCCLELLAN	61U	1.0				0	
28.0	MCCLELLAN	62A	4.2	857.1			204.0714	
28.0	MCCLELLAN	62B	13.3	1346.7	9880.8	56.5	101.2556	174.8814
29.0	MEADE	60O	0.0				ERR	
29.0	MEADE	60A	2.0				0	
29.0	MEADE	60C	2.0	573.4			286.7	
29.0	MEADE	60D	0.0	1530.8			ERR	
29.0	MEADE	60G	0.3				0	
29.0	MEADE	60J	5.3	1446.4			275.5047	
29.0	MEADE	60K	1.0	387.2			387.2	
29.0	MEADE	60L	1.2	806.4			672	
29.0	MEADE	60N	3.0				0	
29.0	MEADE	60P	9.0	1145.0			127.2222	
29.0	MEADE	60S	3.4	153.6			45.17647	
29.0	MEADE	60T	0.4	208.8			596.5714	
29.0	MEADE	60U	0.0				ERR	
29.0	MEADE	60W	8.8	607.9			69.07954	
29.0	MEADE	61F	7.6	2443.7			321.5394	
29.0	MEADE	61H	0.0	355.7			ERR	
29.0	MEADE	61J	2.0	1210.9			605.45	
	MEADE	61K	0.0	33.5			ERR	
29.0	MEADE	61M	3.0	1090.0			363.3333	
29.0	MEADE	61N	1.0				0	
	MEADE	61P	0.0	33.6			ERR	
29.0	MEADE	61R	2.0				0	
29.0	MEADE	61U	0.0				ERR	
29.0	MEADE	62A	4.0	1725.3			431.325	
29.0	MEADE	62B	18.2	4882.0	18634.2	120.4	268.2417	154.7691
29.1	ABERDEEN	60O	3.0				0	
29.1	ABERDEEN	60A	1.0				0	
29.1	ABERDEEN	60C	0.0				ERR	
29.1	ABERDEEN	60D	1.0				0	
29.1	ABERDEEN	60J	1.0				0	
29.1	ABERDEEN	60P	3.0				0	
29.1	ABERDEEN	60W	0.0				ERR	
29.1	ABERDEEN	61F	1.0				0	
29.1	ABERDEEN	61H	0.0				ERR	
29.1	ABERDEEN	61J	1.0				0	
29.1	ABERDEEN	61N	0.0				ERR	
29.1	ABERDEEN	61R	1.0				0	
29.1	ABERDEEN	62A	4.0				0	
29.1	ABERDEEN	62B	5.0				0	
29.2	CARLISLE	60A	1.0				0	
29.2	CARLISLE	60J	1.0				0	
29.2	CARLISLE	60P	0.8				0	
29.2	CARLISLE	61F	1.1				0	
29.2	CARLISLE	61H	5.0				0	
29.2	CARLISLE	61J	0.3				0	
29.2	CARLISLE	61R	1.0				0	
29.2	CARLISLE	62B	1.1				0	
29.3	DETRICK	61H	3.0				0	
29.3	DETRICK	62B	1.0				0	

29.4	LETTERKEN60D	1.0				0	
29.4	LETTERKEN62B	1.0				0	
29.5	NEW CUMBE60D	0.0				ERR	
29.5	NEW CUMBE61H	0.0				ERR	
29.5	NEW CUMBE62B	2.0				0	
29.6	RICHIE 61H	2.0				0	
29.6	RICHIE 62B	1.0				0	
29.7	TOBYHANNA60D	1.0				0	
29.7	TOBYHANNA62B	1.0				0	
29.8	INDIANTOW62B	1.0				0	
30.0	MONMOUTH 60A	2.0				0	
	MONMOUTH 60C	0.0	60.7			ERR	
30.0	MONMOUTH 60D	2.0	364.3			182.15	
30.0	MONMOUTH 60G	0.0				ERR	
30.0	MONMOUTH 60J	1.2	171.4			142.8333	
30.0	MONMOUTH 60K	2.0	193.9			96.95	
30.0	MONMOUTH 60L	0.1	20.5			205	
30.0	MONMOUTH 60M	0.4	21.7			54.25	
30.0	MONMOUTH 60N	2.0				0	
30.0	MONMOUTH 60P	4.5	488.6			108.5777	
	MONMOUTH 60S	0.0	3.8			ERR	
30.0	MONMOUTH 60T	0.3	23.0			76.66666	
30.0	MONMOUTH 60W	0.2	99.1			495.5	
30.0	MONMOUTH 61F	5.5	1030.9			187.4363	
30.0	MONMOUTH 61H	0.0				ERR	
30.0	MONMOUTH 61J	2.0	315.6			157.8	
30.0	MONMOUTH 61M	1.0	403.1			403.1	
30.0	MONMOUTH 61R	1.4				0	
30.0	MONMOUTH 61U	1.0				0	
30.0	MONMOUTH 62A	4.1	446.3			108.8536	
30.0	MONMOUTH 62B	3.0	1406.6	5049.5	36.7	468.8666	137.5885
30.1	BAYONNE 60D	0.0				ERR	
30.1	BAYONNE 61F	0.0				ERR	
30.1	BAYONNE 62B	1.0				0	
30.2	HAMILTON 60A	1.0				0	
30.2	HAMILTON 60P	0.0				ERR	
30.2	HAMILTON 61F	0.0				ERR	
30.2	HAMILTON 62B	2.0				0	
31.0	ORD 60A	2.0				0	
31.0	ORD 60B	1.0				0	
31.0	ORD 60C	1.0	245.8			245.8	
31.0	ORD 60D	1.0	86.3			86.3	
31.0	ORD 60G	0.0	8.4			ERR	
31.0	ORD 60H	1.0	206.8			206.8	
31.0	ORD 60J	9.7	2311.2			238.2680	
31.0	ORD 60K	2.0	622.3			311.15	
31.0	ORD 60L	1.0	241.1			241.1	
31.0	ORD 60M	1.0	60.4			60.4	
31.0	ORD 60N	8.0				0	
31.0	ORD 60P	7.4	1999.7			270.2297	
31.0	ORD 60S	2.0	339.9			169.95	
31.0	ORD 60T	1.0	301.2			301.2	
31.0	ORD 60U	0.0	0.0			ERR	
31.0	ORD 60V	1.2	24.0			20	
31.0	ORD 60W	6.5	841.6			129.4769	
31.0	ORD 61F	6.0	2118.5			353.0833	

31.0	ORD	61H	14.0	3649.3			260.6642	
31.0	ORD	61J	2.0	1419.6			709.8	
31.0	ORD	61M	5.0	1281.1			256.22	
31.0	ORD	61N	1.0	162.2			162.2	
31.0	ORD	61R	2.0				0	
31.0	ORD	61U	2.0				0	
31.0	ORD	62A	2.0	1272.7			636.35	
31.0	ORD	62B	14.1	2872.8	20064.9	98.9	203.7446	202.8806
31.1	HUNTER LI	61H	0.0				ERR	
31.1	HUNTER LI	61N	0.0				ERR	
31.1	HUNTER LI	62B	1.0				0	
31.2	MONTERREY	61H	4.0				0	
31.2	MONTERREY	62B	0.0				ERR	
32.0	PANAMA	60O	2.0				0	
32.0	PANAMA	60A	4.0				0	
32.0	PANAMA	60C	1.0	416.5			416.5	
32.0	PANAMA	60D	1.0	117.9			117.9	
32.0	PANAMA	60F	1.0	23.0			23	
32.0	PANAMA	60G	1.0	46.1			46.1	
32.0	PANAMA	60H	1.0	73.2			73.2	
32.0	PANAMA	60J	7.0	1613.6			230.5142	
32.0	PANAMA	60K	2.0	297.7			148.85	
32.0	PANAMA	60L	1.0	77.2			77.2	
32.0	PANAMA	60M	0.0	29.3			ERR	
32.0	PANAMA	60N	5.0				0	
32.0	PANAMA	60P	9.0	1716.9			190.7666	
32.0	PANAMA	60R	1.0				0	
32.0	PANAMA	60S	4.0	323.0			80.75	
32.0	PANAMA	60T	2.0	478.5			239.25	
	PANAMA	60U	0.0	20.6			ERR	
32.0	PANAMA	60V	1.0	69.4			69.4	
32.0	PANAMA	60W	5.0	846.7			169.34	
32.0	PANAMA	61B	0.0				ERR	
32.0	PANAMA	61C	1.0	130.4			130.4	
32.0	PANAMA	61F	3.0	2286.5			762.1666	
32.0	PANAMA	61H	1.0	383.8			383.8	
32.0	PANAMA	61J	2.0	687.7			343.85	
32.0	PANAMA	61K	0.5				0	
32.0	PANAMA	61M	4.0	1193.2			298.3	
32.0	PANAMA	61N	0.0	15.1			ERR	
32.0	PANAMA	61P	0.0				ERR	
32.0	PANAMA	61R	3.5				0	
32.0	PANAMA	61U	2.0				0	
32.0	PANAMA	61Z	1.0				0	
32.0	PANAMA	62A	0.0	862.3			ERR	
32.0	PANAMA	62B	19.0	1364.7	13073.3	90	71.82631	145.2588
32.1	COCO SOL	060P	0.0				ERR	
32.1	COCO SOL	061F	0.0				ERR	
32.1	COCO SOL	061H	0.0				ERR	
32.1	COCO SOL	061J	0.0				ERR	
32.1	COCO SOL	062B	2.0				0	
32.2	CLAYTON	60O	0.0				ERR	
32.2	CLAYTON	60P	1.0				0	
32.2	CLAYTON	62B	2.0				0	
33.0	POLK	60O	1.0				0	
33.0	POLK	60A	0.0				ERR	

33.0	POLK	60C	0.0	270.6			ERR	
	POLK	60D	0.0	163.4			ERR	
33.0	POLK	60H	0.1	54.9			549	
33.0	POLK	60J	5.0	1271.6			254.32	
33.0	POLK	60K	0.2	18.6			93	
33.0	POLK	60L	1.0	188.7			188.7	
33.0	POLK	60N	4.0				0	
33.0	POLK	60P	6.2	390.5			62.98387	
33.0	POLK	60S	1.0	127.7			127.7	
33.0	POLK	60T	2.0	375.4			187.7	
33.0	POLK	60U	0.0	0.0			ERR	
33.0	POLK	60V	0.0	5.6			ERR	
33.0	POLK	60W	3.6	816.8			226.8888	
33.0	POLK	61D	1.0				0	
33.0	POLK	61F	5.0	703.0			140.6	
33.0	POLK	61H	15.8	4053.5			256.5506	
33.0	POLK	61J	3.0	1058.4			352.8	
33.0	POLK	61M	2.0	911.3			455.65	
33.0	POLK	61N	0.0	215.7			ERR	
33.0	POLK	61R	1.4				0	
33.0	POLK	61U	1.0				0	
33.0	POLK	62A	4.5	1374.9			305.5333	
33.0	POLK	62B	4.0	1489.3	13489.9	61.8	372.325	218.2831
34.0	REDSTONE	600	0.0				ERR	
34.0	REDSTONE	60A	1.0				0	
	REDSTONE	60C	0.0	42.5			ERR	
34.0	REDSTONE	60D	1.0	140.2			140.2	
34.0	REDSTONE	60J	3.0	364.3			121.4333	
34.0	REDSTONE	60N	2.2				0	
34.0	REDSTONE	60P	5.0	542.6			108.52	
34.0	REDSTONE	60T	1.2				0	
34.0	REDSTONE	60V	1.0	186.4			186.4	
34.0	REDSTONE	60W	0.4	229.8			604.7368	
34.0	REDSTONE	61F	4.0	835.3			208.825	
34.0	REDSTONE	61H	7.3	1119.1			153.3013	
34.0	REDSTONE	61J	2.0	965.7			482.85	
34.0	REDSTONE	61M	0.2				0	
34.0	REDSTONE	61N	1.0	5.6			5.6	
34.0	REDSTONE	61R	1.5				0	
34.0	REDSTONE	61U	0.0				0	
34.0	REDSTONE	62A	3.0	988.5			329.5	
34.0	REDSTONE	62B	7.0	352.2	5772.2	40.83	50.31428	141.3715
35.0	RILEY	600	1.0				0	
35.0	RILEY	60A	2.0				0	
35.0	RILEY	60C	1.0	125.8			125.8	
	RILEY	60D	0.0	81.8			ERR	
35.0	RILEY	60J	7.8	2333.1			299.1153	
35.0	RILEY	60K	0.0	193.1			ERR	
35.0	RILEY	60L	0.5	159.1			318.2	
35.0	RILEY	60M	1.0	65.1			65.1	
35.0	RILEY	60N	5.0				0	
35.0	RILEY	60P	7.8	2385.9			305.8846	
35.0	RILEY	60Q	0.0				0	
35.0	RILEY	60S	1.0	157.9			157.9	
35.0	RILEY	60T	1.1	365.5			348.0952	
35.0	RILEY	60U	0.0				ERR	

35.0	RILEY	60V	0.0				0	
35.0	RILEY	60W	2.0	1126.4			563.2	
35.0	RILEY	61F	5.1	1674.4			331.5643	
35.0	RILEY	61H	6.9	1004.1			145.5217	
35.0	RILEY	61J	4.0	1095.3			273.825	
35.0	RILEY	61M	5.0	1136.7			227.34	
	RILEY	61N	0.0	154.8			ERR	
35.0	RILEY	61R	2.5				0	
35.0	RILEY	61U	1.0				0	
35.0	RILEY	62A	7.0	1081.4			154.4857	
35.0	RILEY	62B	7.0	2731.8	15872.2	68.7	390.2571	231.0363
36.0	RUCKER	600	0.0				ERR	
36.0	RUCKER	60A	2.0				0	
	RUCKER	60C	0.0	119.6			ERR	
36.0	RUCKER	60D	0.0	88.1			ERR	
36.0	RUCKER	60H	0.4				0	
36.0	RUCKER	60J	5.1	1524.3			297.1345	
36.0	RUCKER	60K	2.0	63.8			31.9	
36.0	RUCKER	60L	0.6	182.8			304.6666	
36.0	RUCKER	60M	0.0	17.6			ERR	
36.0	RUCKER	60N	2.0				0	
36.0	RUCKER	60P	6.0	1040.7			173.45	
36.0	RUCKER	60S	3.0	248.7			82.9	
36.0	RUCKER	60T	0.0				ERR	
36.0	RUCKER	60V	0.4	10.3			25.75	
36.0	RUCKER	60W	5.0	170.0			34	
36.0	RUCKER	61A	0.0				ERR	
36.0	RUCKER	61B	0.0	166.3			ERR	
36.0	RUCKER	61F	5.0	1143.0			228.6	
36.0	RUCKER	61H	0.0				ERR	
36.0	RUCKER	61J	2.0	552.1			276.05	
36.0	RUCKER	61L	0.0				ERR	
36.0	RUCKER	61M	1.0	759.5			759.5	
36.0	RUCKER	61N	12.0	690.4			57.53333	
36.0	RUCKER	61R	0.0				ERR	
36.0	RUCKER	61U	2.0				0	
36.0	RUCKER	62A	0.0	718.6			ERR	
36.0	RUCKER	62B	9.2	1186.9	8682.7	57.73	129.0108	150.4018
37.0	SILL	600	7.0				0	
37.0	SILL	60A	2.0				0	
37.0	SILL	60B	1.0				0	
37.0	SILL	60C	0.0	201.9			ERR	
37.0	SILL	60D	0.0	358.7			ERR	
37.0	SILL	60H	0.0	4.9			ERR	
37.0	SILL	60J	7.0	957.2			136.7428	
37.0	SILL	60K	1.0	177.7			177.7	
37.0	SILL	60L	2.0	121.3			60.65	
	SILL	60M	0.0	56.2			ERR	
37.0	SILL	60N	5.0				0	
37.0	SILL	60P	6.0	756.5			126.0833	
37.0	SILL	60S	1.0	200.8			200.8	
37.0	SILL	60T	1.0	538.7			538.7	
37.0	SILL	60U	0.0				ERR	
37.0	SILL	60W	2.0	451.6			225.8	
37.0	SILL	61F	7.0	777.4			111.0571	
37.0	SILL	61H	23.7	7358.1			310.4683	

37.0	SILL	61J	2.3	867.8			385.6888	
37.0	SILL	61M	5.0	1160.8			232.16	
37.0	SILL	61N	1.0	104.6			104.6	
37.0	SILL	61R	3.0				0	
37.0	SILL	61U	2.0				0	
37.0	SILL	62A	1.0	1199.4			1199.4	
37.0	SILL	62B	10.0	2365.8	17659.4	91.95	236.58	192.0543
37.2	PINE BLUF	600	0.0				ERR	
37.2	PINE BLUF	61H	1.0				0	
37.2	PINE BLUF	62B	1.0				0	
38.0	STEWART	600	2.0				0	
38.0	STEWART	60A	2.0				0	
38.0	STEWART	60C	1.0	167.8			167.8	
	STEWART	60D	0.0	172.4			ERR	
38.0	STEWART	60J	7.0	2167.3			309.6142	
38.0	STEWART	60L	1.0	56.9			56.9	
38.0	STEWART	60N	5.0				0	
38.0	STEWART	60P	8.0	1703.3			212.9125	
38.0	STEWART	60S	3.0	179.9			59.96666	
38.0	STEWART	60T	0.1	13.2			132	
38.0	STEWART	60U	0.0				ERR	
38.0	STEWART	60W	4.0	747.1			186.775	
38.0	STEWART	61A	0.2				0	
38.0	STEWART	61F	4.0	628.3			157.075	
38.0	STEWART	61H	7.0	1293.2			184.7428	
38.0	STEWART	61J	3.0	1128.7			376.2333	
38.0	STEWART	61M	5.0	993.0			198.6	
	STEWART	61N	0.0	176.9			ERR	
	STEWART	61P	0.0	60.3			ERR	
38.0	STEWART	61R	3.1				0	
38.0	STEWART	61U	1.0				0	
38.0	STEWART	62A	7.0	1609.9			229.9857	
38.0	STEWART	62B	6.0	1896.9	12995.1	75	316.15	173.268
38.1	TUTTLE	60J	0.2				0	
38.1	TUTTLE	61F	0.2				0	
38.1	TUTTLE	61N	1.0				0	
38.1	TUTTLE	61R	0.2				0	
38.1	TUTTLE	62B	4.0				0	
39.0	WEST POIN	600	3.0				0	
39.0	WEST POIN	60A	2.0				0	
	WEST POIN	60C	0.0	111.0			ERR	
39.0	WEST POIN	60D	1.0	70.8			70.8	
39.0	WEST POIN	60G	0.7				0	
39.0	WEST POIN	60H	0.1				0	
39.0	WEST POIN	60J	2.0	305.9			152.95	
39.0	WEST POIN	60K	1.1	133.7			121.5454	
39.0	WEST POIN	60L	1.0	111.2			111.2	
39.0	WEST POIN	60N	3.0				0	
39.0	WEST POIN	60P	4.2	524.6			124.9047	
39.0	WEST POIN	60Q	0.1				0	
39.0	WEST POIN	60S	1.1	124.9			113.5454	
39.0	WEST POIN	60T	0.2	230.3			1151.5	
39.0	WEST POIN	60W	1.0	92.6			92.6	
39.0	WEST POIN	61F	4.0	1494.3			373.575	
39.0	WEST POIN	61H	4.0	543.2			135.8	
39.0	WEST POIN	61J	2.1	602.0			286.6666	

39.0	WEST POIN61M	3.1	1425.5			459.8387	
	WEST POIN61N	0.0	6.5			ERR	
39.0	WEST POIN61R	2.1				0	
39.0	WEST POIN61U	1.1				0	
39.0	WEST POIN62A	3.3	586.9			177.8484	
39.0	WEST POIN62B	8.0	895.2	7258.6	48.2	111.9	150.5933
40.0	AHS STAFF60O	0.0				ERR	
40.0	AHS STAFF60A	1.0				0	
40.0	AHS STAFF60C	2.0				0	
40.0	AHS STAFF60J	1.0				0	
40.0	AHS STAFF60K	0.0				ERR	
40.0	AHS STAFF60L	0.0				ERR	
40.0	AHS STAFF60W	1.0				0	
40.0	AHS STAFF61F	1.0				0	
40.0	AHS STAFF61H	1.0				0	
40.0	AHS STAFF61J	1.0				0	
40.0	AHS STAFF61M	1.0				0	
40.0	AHS STAFF61N	5.0				0	
40.0	AHS STAFF61U	1.0				0	
40.0	AHS STAFF62A	0.0				ERR	
40.0	AHS STAFF62B	6.0			21	0	
42.0	HDQ HSC 60A	2.0				0	
42.0	HDQ HSC 60C	2.0				0	
42.0	HDQ HSC 60D	1.0				0	
42.0	HDQ HSC 60L	0.0				ERR	
42.0	HDQ HSC 60W	1.0				0	
42.0	HDQ HSC 61F	0.0				ERR	
42.0	HDQ HSC 61H	0.0				ERR	
42.0	HDQ HSC 61J	1.0				0	
42.0	HDQ HSC 61N	1.0				0	
42.0	HDQ HSC 61U	0.0				ERR	
42.0	HDQ HSC 62A	1.0				0	
44.0	USAEHA 60C	0.0				ERR	
44.0	USAEHA 60D	0.0			9	ERR	

TASKINGS FOR MC OFFICERS
SELECTED BY
AREA OF CONCENTRATION

AREA OF CONC.	HOW MANY DOCS	START DATE	END DATE	TASK PUR-POSE	TOTAL DAYS OF TASK	USE CODE
** BAMC						
11A	1	09/16/88	10/11/88	C,502 HOOD	27	FTXA
61J	1	10/14/88	10/21/88	C4	9	C4
62A	1	10/28/88	11/04/88	C4	9	C4
61J	1	12/02/88	12/09/88	C4	9	C4
62A	1	01/06/89	01/13/89	C4	9	C4
62A	1	01/20/89	01/27/89	C4	9	C4
61J	1	02/03/89	02/10/89	C4	9	C4
62A	1	02/24/89	03/03/89	C4	9	C4
62A	1	03/10/89	03/17/89	C4	9	C4
61J	1	03/31/89	04/07/89	C4	9	C4
62A	1	04/14/89	04/21/89	C4	9	C4
61J	1	04/28/89	05/05/89	C4	9	C4
61J	1	06/02/89	06/09/89	C4	9	C4
62A	1	06/16/89	06/23/89	C4	9	C4
62A	1	07/14/89	07/21/89	C4	9	C4
61J	1	07/28/89	08/04/89	C4	9	C4
61J	1	08/11/89	08/18/89	C4	9	C4
62A	1	08/25/89	09/01/89	C4	9	C4
61J	1	09/08/89	09/15/89	C4	9	C4
62A	1	09/22/89	09/29/89	C4	9	C4
61J	1	01/24/89	07/26/89	HONDURAS	185	HOND
60E	1	04/10/89	05/04/89	197 SPT BDE NTC	26	FTXA
60E	1	08/02/89	08/30/89	1,17 INF BN NTC	31	FTXA
62A	1	07/10/89	07/14/89	ADVISORY BOARD	5	BORD
60N	1	11/05/88	11/20/88	HONDURAS	19	HOND
61Z	1	11/11/88	11/13/88	HATTIESBURG	5	HATT
61Z	1	12/15/88	12/19/88	PUERTO RICO	8	PR
60J	1	01/17/89	01/19/89	HOOD	4	HD
61J	1	01/16/89	01/17/89	SILL	4	SILL
60N	1	02/11/89	02/26/89	HONDURAS	19	HOND
60N	1	02/11/89	02/26/89	HONDURAS	19	HOND
61G	1	03/05/89	03/18/89	LAMC	16	LAMC
60H	1	02/28/89	03/02/89	BRAGG	5	BRAG
61G	1	04/02/89	04/16/89	LAMC	17	LAMC
62A	1	04/11/89	05/04/89	IRWIN	26	IR
60N	1	06/14/89	06/23/89	USSR	13	USSR
60N	1	06/14/89	06/23/89	USSR	10	MISC
60N	1	08/30/89	08/06/89	OKINAWA, JAPAN	7	MISC
60N	1	09/12/89	09/14/89	CLARKSVILLE, TN	3	MISC
** Subtotal **						
	39				520	

** DDEAMC						
61M	1	09/01/88	10/05/88	TAMC TDY	36	INTT
61J	1	10/14/88	10/21/88	C4	9	C4
62A	1	10/28/88	11/04/88	C4	9	C4
61J	1	12/02/88	12/09/88	C4	9	C4
61J	1	01/06/89	01/13/89	C4	9	C4
62A	1	01/20/89	01/27/89	C4	9	C4
61J	1	02/03/89	02/10/89	C4	9	C4
61J	1	02/24/89	03/03/89	C4	9	C4
62A	1	03/10/89	03/17/89	C4	9	C4
62A	1	03/31/89	04/07/89	C4	9	C4
61J	1	04/14/89	04/21/89	C4	9	C4
62A	1	04/28/89	05/05/89	C4	9	C4
62A	1	06/02/89	06/09/89	C4	9	C4
61J	1	06/16/89	06/23/89	C4	9	C4
62A	1	07/14/89	07/21/89	C4	9	C4
61J	1	07/28/89	08/04/89	C4	9	C4
62A	1	08/11/89	08/18/89	C4	9	C4
61J	1	08/25/89	09/01/89	C4	9	C4
61J	1	09/08/89	09/15/89	C4	9	C4
62A	1	09/22/89	09/29/89	C4	9	C4
61H	1	02/19/89	08/21/89	HOND ROTATION	185	HOND
62A	1	02/15/89	03/20/89	NTC W/ C,5 FSB	35	FTXA
60P	1	03/03/89	03/24/89	GUYANA, 44 MED	23	FTXA
61H	1	07/26/89	08/15/89	BOY SCOUT JAMB	22	MISC
61H	1	07/06/89	07/24/89	C.115 FSB NTC	20	FTXA
61M	1	05/09/89	05/15/89	28 CSH MEDEX	8	FTXA
60A	1	07/26/89	08/13/89	BOY SCOUT CDR	21	MISC
60P	1	05/08/89	05/26/89	POLK MEDDAC	21	INTT
60J	1	09/01/89	09/14/89	MALDIVES	13	FTXA
61M	1	09/24/89	09/30/89	ECUADOR	10	FTXA
** Subtotal **						
	30				571	

** LAMC						
60E	1	09/22/88	10/04/88	REF W/3 ACR	43	REF8
62A	1	10/14/88	10/21/88	C4	9	C4
61J	1	10/28/88	11/04/88	C4	9	C4
61J	1	12/02/88	12/09/88	C4	9	C4
61J	1	01/06/89	01/13/89	C4	9	C4
61J	1	01/20/89	01/27/89	C4	9	C4
62A	1	02/03/89	02/10/89	C4	9	C4
62A	1	02/24/89	03/03/89	C4	9	C4
61J	1	03/10/89	03/17/89	C4	9	C4
62A	1	03/31/89	04/07/89	C4	9	C4
61J	1	04/14/89	04/21/89	C4	9	C4
62A	1	04/28/89	05/05/89	C4	9	C4
62A	1	06/02/89	06/09/89	C4	9	C4
62A	1	06/16/89	06/23/89	C4	9	C4
61J	1	07/14/89	07/21/89	C4	9	C4
62A	1	07/28/89	08/04/89	C4	9	C4
62A	1	08/11/89	08/18/89	C4	9	C4
61J	1	08/25/89	09/01/89	C4	9	C4
62A	1	09/08/89	09/15/89	C4	9	C4
61J	1	09/22/89	09/29/89	C4	9	C4
60E	1	06/02/89	06/18/89	FUERTES CAM 89	19	FTXA
60E	1	06/16/89	07/02/89	FUERTES CAM 89	19	FTXA
60E	1	06/30/89	07/16/89	FUERTES CAM 89	19	FTXA
60E	1	09/15/89	10/07/89	NTC - FT IRWIN	25	FTXA
** Subtotal **						
	24				291	

** FAMC						
60P	1	05/26/88	11/25/88	HONDURAS	185	HOND
60E	1	08/28/88	10/19/88	REF W/517TH	54	RF88
60E	1	08/28/88	10/19/88	REF W/517TH	54	RF88
61J	1	10/14/88	10/21/88	C4	9	C4
62A	1	10/28/88	11/04/88	C4	9	C4
61J	1	12/02/88	12/09/88	C4.	9	C4
61J	1	01/06/89	01/13/89	C4	9	C4
62A	1	01/20/89	01/27/89	C4	9	C4
61J	1	02/03/89	02/10/89	C4	9	C4
61J	1	02/24/89	03/03/89	C4	9	C4
62A	1	03/10/89	03/17/89	C4	9	C4
61J	1	03/31/89	04/07/89	C4	9	C4
61J	1	04/14/89	04/21/89	C4	9	C4
62A	1	04/28/89	05/05/89	C4	9	C4
62A	1	06/02/89	06/09/89	C4	9	C4
61J	1	06/16/89	06/23/89	C4	9	C4
62A	1	07/14/89	07/21/89	C4	9	C4
62A	1	07/28/89	08/04/89	C4	9	C4
61J	1	08/11/89	08/18/89	C4	9	C4
62A	1	08/25/89	09/01/89	C4	9	C4
61J	1	09/08/89	09/15/89	C4	9	C4
62A	1	09/22/89	09/29/89	C4	9	C4
60E	1	01/02/89	02/02/89	NTC W/ 1ST CAV	33	FTXA
61J	1	02/28/89	08/30/89	HONDURAS	185	HOND
60E	1	08/18/89	09/15/89	NTC - FT IRWIN	31	FTXA
60P	1	08/28/89	09/25/89	FT. SILL	31	FTXA
61F	1	07/06/89	08/13/89	FT SILL	41	FTXA
** Subtotal **						
	27				725	
** MAMC						
62A	1	10/14/88	10/21/88	C4	9	C4
61J	1	10/28/88	11/04/88	C4	9	C4
62A	1	12/02/88	12/09/88	C4	9	C4
62A	1	01/06/89	01/13/89	C4	9	C4
61J	1	01/20/89	01/27/89	C4	9	C4
62A	1	02/03/89	02/10/89	C4	9	C4
62A	1	02/24/89	03/03/89	C4	9	C4
61J	1	03/10/89	03/17/89	C4	9	C4
61J	1	03/31/89	04/07/89	C4	9	C4
62A	1	04/14/89	04/21/89	C4	9	C4
61J	1	04/28/89	05/05/89	C4	9	C4
61J	1	06/02/89	06/09/89	C4	9	C4
62A	1	06/16/89	06/23/89	C4	9	C4
61J	1	07/14/89	07/21/89	C4	9	C4
62A	1	07/28/89	08/04/89	C4	9	C4
61J	1	08/11/89	08/18/89	C4	9	C4
61J	1	08/25/89	09/01/89	C4	9	C4
62A	1	09/08/89	09/15/89	C4	9	C4
61J	1	09/22/89	09/29/89	C4	9	C4
60E	2	03/03/89	05/18/89	423 Med Co SPRT	156	FTXA
60E	1	11/11/88	12/08/88	1SR SFG(A)	29	FTXA
60S	1	11/11/88	12/07/88	BANGLADESH	28	MISC
60E	1	01/02/89	02/02/89	NTC W/ 1ST CAV	33	FTXA
61M	1	01/15/89	01/21/89	62 MED GRP LA	9	FTXA
60H	1	01/15/89	01/21/89	62 MED GRP LA	9	FTXA
61M	1	08/09/89	08/26/89	Costa Rica	21	FTXA
60P	1	09/29/89	10/08/89	KOREA	13	KORE
** Subtotal **						
	28				469	

** TAMC						
60E	1	10/01/88	11/05/88	DIAMOND DOLLAR	37	FTXA
60E	1	10/18/88	11/19/88	ORIENT SHIELD	34	FTXA
62A	1	10/14/88	10/21/88	C4	9	C4
62A	1	12/02/88	12/09/88	C4	9	C4
61J	1	01/06/89	01/13/89	C4	9	C4
62A	1	02/03/89	02/10/89	C4	9	C4
61J	1	02/24/89	03/03/89	C4	9	C4
62A	1	03/31/89	04/07/89	C4	9	C4
61J	1	04/14/89	04/21/89	C4	9	C4
62A	1	06/02/89	06/09/89	C4	9	C4
62A	1	06/16/89	06/23/89	C4	9	C4
61J	1	07/28/89	08/04/89	C4	9	C4
62A	1	08/11/89	08/18/89	C4	9	C4
61J	1	09/08/89	09/15/89	C4	9	C4
62A	1	09/22/89	09/29/89	C4	9	C4
60P	1	11/02/88	12/21/88	WESTCOM PAPUA	51	MISC
60E	1	05/15/89	07/01/89	COBRA GOLD 89	49	FTXA
61H	1	05/26/89	11/25/89	HOND	187	HOND
60P	1	09/01/89	09/14/89	MALDIVES	19	MALD
61M	1	09/01/89	09/14/89	MALDIVES	19	MALD
** Subtotal **						
	20				513	

** WBAMC						
61F	1	05/29/88	11/24/88	HONDURAS	135	HOND
60E	1	08/22/88	10/04/88	REFORGER	45	RF88
60E	1	08/22/88	10/04/88	REFORGER	45	RF88
62A	1	10/14/88	10/21/88	C4	9	C4
61J	1	10/28/88	11/04/88	C4	9	C4
62A	1	12/02/88	12/09/88	C4	9	C4
62A	1	01/06/89	01/13/89	C4	9	C4
61J	1	01/20/89	01/27/89	C4	9	C4
61J	1	02/06/89	02/13/89	C4	9	C4
62A	1	02/24/89	03/03/89	C4	9	C4
61J	1	03/10/89	03/17/89	C4	9	C4
62A	1	03/31/89	04/07/89	C4	9	C4
62A	1	04/14/89	04/21/89	C4	9	C4
61J	1	04/28/89	05/05/89	C4	9	C4
61J	1	06/02/89	06/09/89	C4	9	C4
61J	1	06/16/89	06/23/89	C4	9	C4
61J	1	07/14/89	07/21/89	C4	9	C4
62A	1	07/28/89	08/04/89	C4	9	C4
61J	1	08/11/89	08/18/89	C4	9	C4
61J	1	08/25/89	09/01/89	C4	9	C4
62A	1	09/08/89	09/15/89	C4	9	C4
61J	1	09/22/89	09/29/89	C4	9	C4
60E	1	01/03/89	05/13/89	FAADS TEST WSMR	132	TEST
60E	1	07/05/89	09/08/89	FAADS TEST WSMR	67	TEST
60E	1	08/15/88	12/23/88	FAADS TEST WSMR	132	TEST
60E	2	04/24/89	07/01/89	3D ACR TO NTC	140	FTXA
60A	1	05/01/89	05/30/89	WHITE SANDS, NM	3	FTXA
60E	1	02/10/89	03/22/89	FT. BLISS	15	FTXA
** Subtotal **						
	29				1,03	

** ALASKA						
60E	1	10/06/88	11/04/88	NTC W/5TH LD	31	FTXA
60E	2	01/25/89	02/24/89	BRIM FROST	64	FTXA
60E	1	02/28/89	03/11/89	LOCAL ARRANGE	13	FTXA
60E	1	03/11/89	03/22/89	LOCAL ARRANGE	13	FTXA
60E	1	03/11/89	03/22/89	ALASKA	12	FTXA
60E	1	02/28/89	03/10/89	ALASKA	12	FTXA
** Subtotal	**					
	7				145	
** BELVOIR						
11A	1	04/18/88	10/05/88	AT AP HILL	172	ATST
60E	1	01/01/89	01/27/89	908 PROJECT	30	908P
** Subtotal	**					
	2				202	
** BENNING						
11A	1	04/18/88	10/05/88	AT AP HILL	172	ATST
61N	1	06/15/88	10/17/88	HONDURAS	126	HOND
61J	1	08/06/88	02/05/89	HONDURAS	185	HOND
60E	1	09/01/88	10/09/88	REF W/197TH	40	REF8
60E	1	09/01/88	10/09/88	REF W/197TH	40	REF8
60E	1	09/01/88	10/09/88	REF W/197TH	40	REF8
60K	1	01/21/89	04/25/89	EL SALVADOR	96	ELSL
61M	1	01/29/89	07/21/89	HONDURAS ROTAT	185	HOND
11A	1	07/09/89	09/12/89	AT SPT CP PARKS	68	ATST
61H	1	08/09/89	08/26/89	Costa Rica	21	FTXA
** Subtotal	**					
	10				973	
** BRAGG						
61J	2	12/02/88	12/14/88	28TH CSH	28	FTXA
61M	1	12/02/88	12/02/88	28TH CSH	8	FTXA
60E	2	12/02/88	12/14/88	28TH CSH	28	FTXA
60N	1	12/02/88	12/08/88	28TH CSH	8	FTXA
60E	1	01/06/89	04/04/89	OCONUS W/37 ENG	90	FTXA
61J	1	04/15/89	07/15/89	EL SALVADOR	93	ELSL
61J	4	03/07/88	12/12/88	OCONUS	282	MISC
61H	1	03/03/89	03/24/89	GUYANA, 44 MED	23	FTXA
61F	1	03/29/89	09/28/89	HOND ROTATION	183	HOND
60E	2	05/09/89	05/23/89	28 CSH MEDEX 89	32	FTXA
60N	1	05/09/89	05/15/89	28 CSH MEDEX	8	FTXA
60E	2	05/09/89	05/21/89	28 CSH MEDEX	28	FTXA
11A	1	04/03/89	09/04/89	AT SPT INDIANGP	157	ATST
61H	1	01/16/89	01/20/89	GUYANA	7	FTXA
61J	1	09/11/89	09/23/89	EX MARKET SQUAR	13	FTXA
61M	1	09/11/89	09/23/89	EX MARKET SQUAR	13	FTXA
61H	1	09/11/89	09/23/89	FORT BRAGG	13	MISC
61H	1	09/11/89	09/23/89	FORT BRAGG	13	MISC
60E	1	09/11/89	09/23/89	FORT BRAGG	13	MISC
60E	1	09/11/89	09/23/89	FORT BRAGG	13	MISC
60E	1	09/11/89	09/23/89	MRKT SQUARE III	13	FTXA
60E	1	09/11/89	09/23/89	MRKT SQUARE III	13	FTXA
60E	1	09/11/89	09/23/89	MRKT SQUARE III	13	FTXA
60E	1	09/11/89	09/23/89	MRKT SQUARE III	13	FTXA
61H	1	09/15/89	09/30/89	44th Med	18	FTXA
61H	1	09/15/89	09/30/89	44TH MED	18	FTXA
** Subtotal	**					
	33				1143	

** CAMPBELL						
60E	1	12/12/88	12/26/88	FTX ON POST	16	FTXA
60E	1	01/30/89	02/23/89	201/701 SPT BN	26	FTXA
60E	1	09/07/89	09/23/89	326TH MED BN	19	FTXA
60E	1	09/07/89	09/23/89	JRTC Ft CHAFFEE	19	FTXA
** Subtotal **						
	4				80	
** CARSON						
60E	1	01/05/89	02/11/89	PINON CANYON	39	FTXA
60E	1	02/27/89	03/30/89	PINON CANYON	33	FTXA
60E	1	03/13/89	04/14/89	1 BDE NTC	34	FTXA
60E	1	05/22/89	06/30/89	204 FSB NTC	41	FTXA
60E	1	08/18/89	09/15/89	NTC - FT IRWIN	31	FTXA
** Subtotal **						
	5				178	
** DEVENS						
60E	1	10/13/88	11/26/88	NTC W/4TH FSB	46	FTXA
60E	1	09/09/88	10/07/88	REF W/7TH ID	30	REF8
61F	1	05/17/89	11/16/89	HOND ROTATION	185	HOND
** Subtotal **						
	3				261	
** DRUM						
60E	1	01/01/89	01/01/89	TEST	1	
** Subtotal **						
	1				1	
** DIX						
62A	1	01/03/89	06/06/89	16 MASH HOND AT	156	FTXA
60E	1	04/24/89	09/05/89	AT SPT PICKETT	137	AT
** Subtotal **						
	2				293	
** EUSTIS						
60P	1	11/12/88	05/14/89	HONDURAS	185	HOND
61F	1	07/26/89	08/15/89	BOY SCOUT JAMB	22	MISC
60P	1	07/26/89	08/15/89	BOY SCOUT JAMB	22	MISC
60E	1	09/01/89	09/18/89	BOLIVIA	22	BOLV
** Subtotal **						
	4				251	
** HOOD						
60E	1	09/16/88	10/11/88	C,SQD HOOD	27	FTXA
60E	2	01/02/89	03/03/89	NTC W/ 1ST CAV	124	FTXA
60E	1	03/13/89	03/20/89	TMC N. HOOD RC	9	MISC
60E	1	04/03/89	04/10/89	TMC N. HOOD RC	9	MISC
60E	1	04/24/89	05/01/89	TMC N. HOOD RC	9	MISC
60E	1	05/15/89	05/22/89	TMC N. HOOD RC	9	MISC
60E	1	06/05/89	06/12/89	TMC N. HOOD RC	9	MISC
60E	1	04/25/89	06/08/89	75 SPT BN RENDV	46	FTXA
60E	1	04/24/89	09/05/89	AT SPT PICKETT	137	AT
60E	1	07/03/89	07/30/89	NTC FT IRWIN,CA	30	FTXA
60E	1	07/03/89	07/30/89	NTC Ft IRWIN,CA	30	FTXA
61J	1	09/11/89	12/09/89	EL SALVADOR	93	SALV
61J	1	09/11/89	12/09/89	EL SALVADOR	93	ELSA
61H	1	01/14/89	01/28/89	PARAGUAY	17	PARA
61H	1	01/14/89	01/28/89	PARAGUAY	17	PARA
** Subtotal **						
	16				639	

** BEN HARRISON						
61H	1	04/21/88	10/21/88	HONDURAS	185	HOND
** Subtotal **						
	1				185	
** HUACHUCA						
60E	1	08/28/88	10/19/88	REF W/517TH CLR	54	RF88
60E	1	08/28/88	10/19/88	REF W/517TH CLR	54	RF88
61J	1	08/25/89	02/19/90	HONDURAS	182	HOND
** Subtotal **						
	3				290	
** IRWIN						
60E	1	10/06/88	10/26/88	BOLD THRUST	22	FTXA
60E	1	09/09/88	10/07/88	RF88 BF	30	RF88
60E	1	11/28/88	12/24/88	B,7 MED BN	28	FTXA
60E	1	03/13/89	04/14/89	1 BDE NTC	34	FTXA
60E	1	09/15/89	10/07/89	NTC - FT IRWIN	23	FTXA
** Subtotal **						
	5				137	
** JACKSON						
61J	1	09/01/88	03/03/89	HONDURAS	185	HOND
61J	1	05/09/89	05/15/89	28 CSH MEDEX	8	FTXA
** Subtotal **						
	2				193	
** KNOX						
60E	1	10/06/88	11/04/88	NTC W/5TH ID	31	FTXA
60E	1	01/03/89	06/06/89	16 MASH HOND AT	156	FTXA
60E	1	04/24/89	05/28/89	3D ACR TO NTC	36	FTXA
** Subtotal **						
	3				223	
** LEAVENWORTH						
60E	1	08/24/88	10/02/88	REF W/1 ID	41	RF88
60E	1	08/24/88	10/02/88	REF W/1 ID	41	RF88
60E	2	01/11/89	03/20/89	93D EVAC MCCOY	140	FTXA
60E	1	05/22/89	06/30/89	204 FSB NTC	41	FTXA
** Subtotal **						
	5				263	
** LEE						
11A	1	04/18/88	10/05/88	AT AP HILL	172	ATST
60E	1	01/25/89	03/04/89	194THARMBDE	40	FTXA
** Subtotal **						
	2				212	

LEONARD WOOD						
60E	1	08/24/88	10/02/88	REF W/7 ID	41	RF88
60T	1	10/29/88	01/31/89	EL SALVADOR	96	ELSL
60E	1	09/09/88	10/07/88	RF W/7TH ID	30	RF88
60E	1	01/25/89	02/09/89	BRIMFROST	17	FTXA
60E	1	01/18/89	02/08/89	93D EVAC MCCOY	23	FTXA
61H	1	01/25/89	03/04/89	194TH ARM BDE	40	FTXA
60E	1	04/10/89	05/04/89	197 INF BDE NTC	26	FTXA
61F	1	09/25/89	03/22/90	HONDURAS	182	HOND
60E	1	08/18/89	09/15/89	NTC - FT IRWIN	31	FTXA
** Subtotal **						
	9				486	
** MCCLELLAN						
60E	1	04/10/89	05/04/89	197 INF BDE NTC	26	FTXA
** Subtotal **						
	1				26	
** MEADE						
60E	1	05/26/89	06/13/89	75 MED DISP FTX	20	FTXA
61M	1	07/25/89	01/24/90	HONDURAS RN	185	HOND
** Subtotal **						
	2				205	
** MONMOUTH						
60E	1	09/09/88	10/07/88	RE W/7TH ID	30	RF88
60E	1	01/27/89	02/24/89	NTC W/3/37TH AR	30	FTXA
60E	1	09/15/89	10/07/89	NTC - FT IRWIN	25	FTXA
** Subtotal **						
	3				85	
** ORD						
61M	1	02/05/88	02/04/89	HONDURAS	185	HOND
60E	1	10/06/88	10/26/88	7TH MED-BOLD TH	22	FTXA
60E	1	10/06/88	10/26/88	7TH MED-BOLD TH	22	FTXA
60E	1	10/06/88	10/26/88	7TH MED-BOLD TH	22	FTXA
61M	1	08/05/88	02/04/89	HONDURAS	185	HOND
62A	1	03/16/89	03/20/89	5/21 INF FTX LA	6	FTXA
62A	1	03/19/89	03/23/89	1/9 INF FTX LA	6	FTXA
62A	1	03/22/89	03/26/89	2/9 INF FTX LA	6	FTXA
62A	1	03/27/89	03/31/89	7 MED FTX LA	6	FTXA
61H	1	05/12/89	06/25/89	Panama	48	FTXA
62A	1	05/12/89	06/08/89	Panama	31	FTXA
60E	1	09/15/89	09/24/89	MKET SQUARE III	12	FTXA
60E	1	09/15/89	09/24/89	MKET SQUARE III	12	FTXA
60E	1	09/15/89	09/24/89	FT BRAGG	12	FTXA
60E	1	09/15/89	09/24/89	FT BRAGG	12	FTXA
** Subtotal **						
	15				527	

PANAMA						
60E	1	01/08/89	06/11/89	OCONUS	156	FTXA
** Subtotal **						
	1				156	
** POLK						
61H	1	10/11/88	04/12/89	HONDURAS	185	HOND
60E	1	01/15/89	02/17/89	NTC W/ C,5 FSB	35	FTXA
60E	1	07/08/89	07/15/89	Ft POLK	8	FTXA
** Subtotal **						
	3				228	
** REDSTONE						
60E	1	09/09/88	10/07/88	REF W/7TH ID	30	RF88
60E	1	01/25/89	02/09/89	BRIMFROST	17	FTXA
61H	1	08/09/89	02/08/90	HOND ROTATION	185	HOND
** Subtotal **						
	3				232	
** RILEY						
60E	1	08/24/88	10/02/88	REF W/1 ID	41	RF88
60E	1	08/24/88	10/02/88	REF W/1ID	41	RF88
60E	1	08/24/88	10/02/88	REF W 1 ID	41	RF88
61J	1	01/03/89	06/06/89	16 MASH HOND	156	FTXA
60E	1	08/18/89	09/15/89	NTC - FT IRWIN	31	FTXA
** Subtotal **						
	5				310	
** RUCKER						
61N	1	04/05/89	05/07/89	C, 326TH TO NTC	34	FTXA
61N	1	06/15/89	10/15/89	HOND AVIAT UNIT	126	HOND
61N	1	09/07/89	09/23/89	JRTC Ft CHAFFEE	19	FTXA
** Subtotal **						
	3				179	
** SILL						
11A	1	05/03/88	11/02/88	HONDURAS	185	HOND
60E	1	08/24/88	10/02/88	REF W/ 1 ID	41	RF88
60E	1	01/30/89	02/23/89	201/701 SPT BN	26	FTXA
60E	1	12/27/88	05/04/89	HOND W/34TH ENG	130	FTXA
60E	1	09/01/89	09/12/89	1-12 FA WSMR	14	FTXA
60E	1	09/01/89	09/12/89	WHITE SANDS, NM	14	FTXA
60E	1	08/18/89	09/15/89	NTC - FT IRWIN	31	FTXA
** Subtotal **						
	7				441	
** STEWART						
61H	1	09/01/88	03/03/89	HONDURAS	185	HOND
60E	1	07/24/89	08/20/89	24 INF DIV NTC	30	FTXA
62A	1	07/20/89	09/26/89	KINGDOM, JORDAN	73	FTXA
** Subtotal **						
	3				288	
** WEST POINT						
60E	1	10/13/88	11/26/88	NTC W/[illegible] MN BN	46	FTXA
61M	1	08/21/89	08/25/89	FT DEVENS	7	INTR
** Subtotal **						
	2				53	
** HDQ HSC						
61J	1	01/03/89	07/05/89	HOND CDR DONOHU	185	HOND
61H	1	08/05/89	08/13/89	HOLLOMAN AFB	11	MISC
** Subtotal **						
	2				196	
*** Total ***						

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